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ADDRESSING THE COMMUNITY TRAUMA OF INEQUITY HOLISTICALLY: THE HEAD AND THE HEART BEHIND STRUCTURAL INTERVENTIONS

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ABSTRACT

Childhood trauma—or toxic stress—presents potential lifelong consequences on health and well-being and on family and neighborhood stability. The consequences of childhood trauma are grave, but recent research highlights the value of early intervention in addressing childhood trauma. As a result, calls for trauma-informed practices and programs have grown. Moving beyond individualized approaches, research increasingly looks to address a community’s ability to prevent or mitigate trauma. But more broadly, what if the community itself is a victim of trauma? How do communities dealing with the chronic stresses of intergenerational poverty, discrimination, and violence heal? Are there interventions that might help?

This Article explores this systemic “community trauma,” using cities as examples to illustrate the complex issues involved and the potential trauma-informed, comprehensive interventions available. Specifically, this Article focuses on structural reforms that address the root causes of trauma. I will discuss the effect of trauma on the following systems: health, education, housing, criminal justice, wealth, and employment. These systems are strong candidates for intervention. I then propose next steps to address community trauma across systems. But while this Article discusses discrete policy issues, it ultimately argues that community trauma requires broad solutions. These solutions are grounded in social policies. I call this side the “head” of treating community trauma.

Beyond this, however, achieving holistic justice via unified action requires community unity, a recognition of the value and dignity in the whole that is greater than self. I call this side the “heart” of treating community trauma. This Article calls for a reenvisioned way of effective

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structural policy reform, one driven by greater appreciation of the need for civic engagement and community building versus sole reliance on appeals to an idealized, “rational” policy solution. Drawing on literature from across fields (e.g., public health, political philosophy, behavioral economics), this Article seeks to build the case for a transdisciplinary, iterative, and fundamentally interpersonal approach to address complex, intersectoral, inequity-driving, and inequity-maintaining problems for healthier community development. Thus, in addition to the substantive goals, this Article also explores capacity-building approaches to community development to rethink how to remedy systemic inequity, the “trauma” that haunts many of our communities. In sum it takes the “head” and the “heart”—the whole community.

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INTRODUCTION: A NARRATIVE CONTEXT

Imagine you were born in a classic American city: we will call it Carlton. Your family lives in the Madison Park neighborhood on the south side of Carlton, not far from the prestigious University of Carlton.¹ Like over 90% of the residents of Madison Park, you are African-American, as compared to around one-third in the city of Carlton. You live with your mother, similar to just over a quarter of the families in your neighborhood (i.e., single parent with child). Your father, who has little contact with your family, was recently released from prison for a drug-related crime, lives nearby, and is trying to find work. Your mother has part-time work at a hotel near the university where she earns less than \$25,000/year, a household income similar to half of your neighborhood. She earned a high school diploma and would love to go back to school to study hotel management, but it is hard to juggle school

1. For the basis of the statistics within this paragraph, see generally CHI. METRO. AGENCY FOR PLAN., COMMUNITY DATA SNAPSHOT: WASHINGTON PARK, CHICAGO COMMUNITY AREA (2020). The city of Chicago is not alone in these statistics, and thus was chosen as representative of urban areas with pockets of deep poverty and with disparate racial impact. Several additional cities with high poverty rates as reported in 2019 will also be incorporated into later narratives.

with childcare, work, and financial obligations. You live in a rented apartment, in a pre-war building that is the subject of repeated code violations against an absentee landlord and with rental payments just above 50% of your mother's income.² To save expenses, your grandmother watches you while your mother works. She intends to send you to the local elementary school for prekindergarten (pre-K), assuming the city's implementation of its recently announced universal pre-K plan proceeds according to schedule.³ If you were born only eight miles further north, you could expect to live sixteen years longer.⁴

Tragically, while hypothetical, this example builds on statistics that are common in cities across the United States and highlights the sort of adversity that contributes to child trauma, as well as the significant racial disparities in opportunity.⁵ Where you live matters to your health⁶—and to your life—as do a host of social and economic factors connected to that geography.⁷

Science recognizes that certain adversities in the earliest years, especially when cumulative, result in childhood trauma—or toxic stress.⁸ Trauma jeopardizes child health and well-being, and the effects of trauma often continue into adulthood.⁹ The gravity—and costs—of inaction¹⁰ necessitates creation of trauma-informed, developmentally-appropriate interventions for children.¹¹ Moreover, “whole child” approaches support

2. This amount qualifies your household as severely rent-burdened—i.e., paying more than 50% of household income on rent. See *2018 State of Rental Housing in Cook County*, INST. FOR HOUS. STUD. AT DEPAUL UNIV. (Apr. 5, 2018), <https://www.housingstudies.org/releases/2018-state-rental-housing-cook-county/>. For more on rent burden, see Jeff Larrimore & Jenny Schuetz, *Assessing the Severity of Rent Burden on Low-Income Families*, FED. RSRV.: FEDS NOTES (Dec. 22, 2017), <https://www.federalreserve.gov/econres/notes/feds-notes/assessing-the-severity-of-rent-burden-on-low-income-families-20171222.htm>.

3. See, e.g., *Frequently Asked Questions: Universal Pre-K (UPK)*, CHI. EARLY LEARNING, <https://www.chicago.gov/city/en/sites/chicagoearlylearning/home/faq.html> (last visited Nov. 6, 2020).

4. For details in support of this statistic, see Ctr. on Soc'y & Health, *Mapping Life Expectancy: 16 years in Chicago, IL*, VA. COMMONWEALTH UNIV. (Nov. 12, 2015) [hereinafter *Mapping Life Expectancy*], <https://societyhealth.vcu.edu/work/the-projects/mapschicago.html>.

5. See, e.g., Raj Chetty et al., *Race and Economic Opportunity in the United States: An Intergenerational Perspective*, 135 Q.J. ECONOMICS 711, 711–83 (2020) (discussing persistent Black–white economic gaps in opportunity across generations); Ichiro Kawachi et al., *Health Disparities by Race and Class: Why Both Matter*, 24 HEALTH AFFS. 343, 343–52 (2005) (discussing importance of class, in addition to race, to fully addressing disparity).

6. See Raj Chetty et al., *The Association Between Income and Life Expectancy in the United States, 2001–2014*, 315 JAMA 1750, 1751 (2016) [hereinafter *Income and Life Expectancy*]; Elizabeth Kneebone & Natalie Holmes, *U.S. Concentrated Poverty in the Wake of the Great Recession*, BROOKINGS (Mar. 31, 2016), <https://www.brookings.edu/research/u-s-concentrated-poverty-in-the-wake-of-the-great-recession/> (“The intersection between poverty and place matters.”); *Mapping Life Expectancy*, *supra* note 4.

7. See THE JOINT CTR. FOR POL. & ECON. STUD., *PLACE MATTERS: ADVANCING HEALTH EQUITY 2* (2016) [hereinafter *PLACE MATTERS*].

8. See discussion *infra* Section I.A.

9. See discussion *infra* Sections I.A–B.

10. See discussion *infra* Part I.

11. See discussion *infra* Section I.B.

interventions with caregivers¹² and increasingly look to promote family and neighborhood stability to mitigate toxic stress.¹³ The latter points to the realization that trauma occurs in a context often beyond household walls (e.g., in neighborhoods facing violence and persistent poverty). Perhaps unsurprisingly given the history of our country, this persistent inequity is often disparately experienced by race.¹⁴

Public health officials took a leadership role in advancing understanding of the role of these social determinants of health (SDOH).¹⁵ These officials have called for cross-system efforts to expand conventional notions of public health,¹⁶ extending beyond health¹⁷ to include community factors such as wealth,¹⁸ education,¹⁹ housing,²⁰ justice,²¹ and employment²² systems. This new understanding—a “whole person” vision²³—promotes a holistic vision of child development, necessitating a set of interventions capable of advancing healthy development of “whole communities.”

These community factors describe a context of trauma. Numerous initiatives seek to enhance individual and family resiliency to overcome context, so that geography is not destiny.²⁴ Yet, is this sufficient? Does it cede too much, in terms of accountability and responsibility for action? What should we make of neighborhood-by-neighborhood differences within communities, as illustrated by the hypothetical case above? What of the persistence of poverty, as disparately experienced, in a neighborhood like the hypothetical Madison Park, say? Could it be that the collective experience of trauma creates a whole greater than the sum of its

12. See discussion *infra* Section I.B.

13. See discussion *infra* Section I.B.

14. See discussion *infra* Section I.A.

15. See *Social Determinants of Health: Know What Affects Health*, CTR. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/socialdeterminants/index.htm> (last updated Aug. 20, 2020); *About Social Determinants of Health*, WORLD HEALTH ORG., https://www.who.int/social_determinants/sdh_definition/en/ (last visited Nov. 6, 2020).

16. See WORLD HEALTH ORG., *supra* note 15; P. Braveman et al., *Breaking Through on the Social Determinants of Health and Health Disparities*, ROBERT WOOD JOHNSON FOUND. (May 1, 2011) [hereinafter RWJF], <https://www.rwjf.org/en/library/research/2011/05/breaking-through-on-the-social-determinants-of-health-and-health.html>.

17. See discussion *infra* Section II.A.2.a.

18. See discussion *infra* Section II.A.1.

19. See discussion *infra* Section II.A.2.b.

20. See discussion *infra* Section II.A.2.c.

21. See discussion *infra* Section II.A.2.d.

22. See discussion *infra* Section II.A.2.e.

23. Manatt, Phelps & Phillips, LLP, *Medicaid's Role in Addressing Social Determinants of Health*, ROBERT WOOD JOHNSON FOUND. (Feb. 2019) [hereinafter *Medicaid's Role*].

24. See, e.g., Glenn E. Richardson, *The Metatheory of Resilience and Resiliency*, 58 J. CLINICAL PSYCH. 307, 310–13 (2002); Mary R. Harvey, *An Ecological View of Psychological Trauma and Trauma Recovery*, 9 J. TRAUMATIC STRESS 3, 3–4, 11–13, 20–21 (1996) (discussing a multidimensional approach to understanding resiliency); Froma Walsh, *Applying a Family Resilience Framework in Training, Practice, and Research: Mastering the Art of the Possible*, 55 FAM. PROCESS 616, 616–17 (2016) (updates understanding of family resiliency); Kristin Hadfield & Michael Ungar, *Family Resilience: Emerging Trends in Theory and Practice*, 21 J. FAM. SOC. WORK 81, 81–84 (2018) (introducing special volume detailing advances in study of family resiliency).

parts—that the community itself may be the victim of the trauma from intergenerational poverty, discrimination, and violence; institutionalized stresses that impede the health of a community in profoundly unjust, destabilizing, and inequitable ways? Are there interventions that might help such a community? Specifically, considering root causes and with a broader, deeper, and more sustainable set of outcomes in mind, what role do structures play in creating and sustaining inequity? Are there ways to address this structural inequity with enduring impact?

This Article explores “community trauma”—the collective experience of trauma across and integrated within a community—as a frame for this structural inequity, using narratives drawn from cities across the United States as examples. By analyzing the multifactorial issues trauma presents, this Article also seeks to describe the potential trauma-informed, comprehensive interventions available.²⁵ Specifically, the focus is on structural reforms that address root causes of ongoing trauma in a community. While specific structural issue areas, including health, education, and housing policies will be highlighted as intervention points,²⁶ the focus lies beyond discrete issue areas. A more unified systemic action is the most appropriate, and enduring, of approaches to treat community trauma by strategically restructuring the conditions and practices necessary to build holistic justice. This is the head of structural inequity mitigation as reframed as community trauma.

As to the heart, this Article argues for a reenvisioned way of effectively implementing structural policy reforms. These reforms must be driven by a greater appreciation of the need for civic engagement and community building rather than overreliance on idealized notions of a discrete, rational policy solution or an aggregate accounting of a so-

25. As with the hypothetical case, the select cities are not chosen as destined for community trauma given (certain) current statistics or arising from any legacy in the civil rights struggle. They are simply meant to be illustrative of the potential “community trauma” impact of inequity, as aggregated and accumulated over time. Policy efforts described herein also show the promise of a community development approach to address the trauma of structural inequity, concluding with hope in a reframed sense of collective capacity for positive, holistic change.

26. Highlighted systems include those covered on the Persistent Poverty panel, which I moderated, at the MLK50 Symposium: Where Do We Go From Here?, co-hosted by the University of Memphis Cecil C. Humphreys School of Law and the National Civil Rights Museum on April 2, 2018, to honor the legacy of Martin Luther King, Jr. through a forward-looking agenda. Nat’l Civ. Rights Museum, *MLK50 Symposium DAY 1: Where Do We Go From Here?: CONFRONTING PERSISTENT POVERTY*, YOUTUBE (Apr. 2, 2018), https://www.youtube.com/watch?v=Uapp0WuPXHI&feature=youtu.be&ab_channel=NationalCivilRightsMuseum; see also Dorothy E. Roberts, *The Most Shocking and Inhuman Inequality: Thinking Structurally About Poverty, Racism, and Health Inequities*, 49 U. MEM. L. REV. 167, 169, 175, 178 (2018); Tomiko Brown-Nagin, *Just Schools: A Holistic Approach to the Education of Impoverished Students*, 49 U. MEM. L. REV. 185, 189–91 (2018); Dorothy A. Brown, *Homeownership in Black and White: The Role of Tax Policy in Increasing Housing Inequity*, 49 U. MEM. L. REV. 205, 213–16 (2018); Dayna Bowen Matthew, *“Lessons from the Other America” Turning a Public Health Lens on Fighting Racism and Poverty*, 49 U. MEM. L. REV. 229, 240–43 (2018); Charles W. McKinney, Jr., *Beyond Dreams and Mountains: Martin King’s Challenge to the Arc of History*, 49 U. MEM. L. REV. 263, 272–73 (2018); Beverly Daniel Tatum, *Community or Chaos? Dialogue as Twenty-First Century Activism*, 49 U. MEM. L. REV. 285, 292–93 (2018); discussion *infra* Sections II.A.1–2.

called good, i.e., what persons in power see as the end goal for a healthy society. Rather, we need to rebuild a sense of the community within which trauma exists, and the help of the whole of which community is critical for preventing the trauma of (and isolation felt from) disparate inequity. Drawing on literature from across fields, this Article seeks to build the case for a transdisciplinary, iterative, and fundamentally interpersonal approach to address complex, intersectoral, inequity-driving, and inequity-maintaining problems for healthier community development. In addition to the substantive goals, this Article also explores ways to rethink the role that community and civic engagement can play to remedy systemic inequity. Achieving enduring health across and within communities requires the head and the heart of equitable and just policy.

This Article proceeds in four parts. Part I explores the science of childhood trauma and the community's role in addressing trauma. Part II uses literature to argue that community-level structural inequity is its own "trauma" and requires similar steps for mitigation and prevention. Part II then applies this reframed vision of structural inequity-as-community trauma to city-based narratives. Part III shifts the focus from policy solutions to the prerequisites of effective community structural change: building a sense of community and agency. Finally, Part IV provides thoughts on the implications of a more relational, community-driven approach to structural transformation and next steps to build a more holistic and just public health.²⁷

I. BACKGROUND: THE EXPERIENCE AND SCIENCE OF TRAUMA IN CHILDREN AND THE ROLE OF COMMUNITIES

[T]here is growing appreciation that a successful well-care system must expand its scope beyond the traditional realm of individualized, clinical practice to address the complex social, economic, cultural, environmental, and developmental influences that lead to population-based health disparities and unsustainable medical care expenditures. The science of early childhood development has much to offer in the realization of this vision, and the well-being of young children and their families is emerging as a promising focus for creative investment.²⁸

27. Norman Daniels developed the concept of a "just health" to argue for expanding the scope of bioethical inquiry in matters of justice to distribution of health resources and outcomes. See NORMAN DANIELS, JUST HEALTH: MEETING HEALTH NEEDS FAIRLY 12–14 (2008) [hereinafter JUST HEALTH]; Norman Daniels et al., *Why Justice is Good for Our Health: The Social Determinants of Health Inequalities*, 128 DÆDALUS 215, 236–42 (1999) [hereinafter *Social Determinants of Health Inequalities*]; Norman Daniels, *Justice, Health, and Healthcare*, 1 AM. J. BIOETHICS 2, 6–7 (2001) [hereinafter *Justice, Health, and Healthcare*].

28. Jack P. Shonkoff & Andrew S. Garner, *The Lifelong Effects of Early Childhood Adversity and Toxic Stress*, 129 PEDIATRICS 232, 233 (2012).

A. Toxic Stress and Child Development

Child development happens in multiple contexts: families, schools, neighborhoods, and the community at-large. Research increasingly recognizes the negative impact of toxic stress on development and its contextual nature.²⁹ Traditional sources of childhood adversity³⁰ include violence in the home, parental divorce, parental mental illness and substance abuse, or a personal experience of abuse or neglect.³¹ Other research includes things like community violence, neighborhood safety, and perceived experiences of discrimination.³² While not necessarily an adversity on its own,³³ the persistence of intergenerational poverty causes stress to grow, to compound, and to persist.³⁴ Tragically, childhood adversities are relatively common,³⁵ with disproportionate effects among children of color.³⁶ Children of color also disproportionately live in high-poverty areas.³⁷ The persistence and accumulation of stresses, in turn, carry lifelong impacts on health and well-being³⁸—again, inequitably correlated to race and income.³⁹

B. Addressing Trauma in Childhood

With research enhancing our understanding of negative impacts of childhood toxic stress, corresponding evidence-based initiatives seek to

29. *Id.* at 233, 236.

30. While traditionally called “adverse childhood experiences,” (i.e., ACEs), in this Article, I prefer use of the concepts of “toxic stress” and “trauma.” These terms illustrate similar approaches and are based on similar studies; however, their use seeks to avoid controversies over ACEs as (1) perhaps too limiting in their initial construction, and also; (2) the negative connotations of use of ACEs in some conversations to invoke a sense of blame (as parent) or fatalism (as something, if cumulative, that might condemn certain children, especially if not “caught” early).

31. See Vincent J. Felitti et al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults*, 14 AM. J. PREVENTATIVE MED. 245, 248 tbl.1 (1998).

32. See *Philadelphia ACE Survey*, PHILA. ACE PROJECT, <https://www.philadelphiaaces.org/philadelphia-ace-survey> (last visited Nov. 6, 2020); THE RSCH. & EVALUATION GRP. AT PHMC, *ADVERSE CHILDHOOD EXPERIENCES IN SHELBY COUNTY, TENNESSEE* 17 (2014).

33. See, e.g., Neal Halfon et al., *Income Inequality and the Differential Effect of Adverse Childhood Experiences in US Children*, 17 ACAD. PEDIATRICS 70, 77 (2017) (describing distribution of ACEs across the income ladder, and not just in impoverished communities).

34. See Bernard Dreyer et al., *Child Poverty in the United States Today: Introduction and Executive Summary*, 16 ACAD. PEDIATRICS 1, 2–3 (2016).

35. See Vanessa Sacks & David Murphey, *The Prevalence of Adverse Childhood Experiences, Nationally, by State, and by Race or Ethnicity*, CHILD TRENDS, <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity> (Feb. 20, 2018).

36. See *id.*; see also ANNIE E. CASEY FOUND., 2019 KIDS COUNT DATA BOOK: STATE TRENDS IN CHILD WELL-BEING 16 (2019).

37. See ANNIE E. CASEY FOUND., *supra* note 36, at 16.

38. *Toxic Stress*, HARV. UNIV. CTR. ON THE DEVELOPING CHILD, <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/> (last visited Nov. 6, 2020); Felitti et al., *supra* note 31, at 250–54.

39. See Sacks & Murphey, *supra* note 35.

mitigate—and ideally prevent—such stress.⁴⁰ These efforts build on an understanding of the importance of safe, stable, and nurturing relationships,⁴¹ and of the power and influence of resilience in ameliorating trauma.⁴² They also recognize the importance of caregivers' own well-being to advance healthy child development—a two-generational approach to healthy development⁴³—given the intergenerational nature of trauma and the potential for epigenetic change from certain traumas.⁴⁴ This reflects a whole-child approach to child development.⁴⁵ Finally, increasingly, these efforts recognize our shared responsibility for children's healthy development as critical to our own “shared prosperity.”⁴⁶

C. Children and Families in a Community Context

Broadening the understanding of what constitutes adversity to include, for example, witnessing violence or experiencing discrimination, expands the universe of concern beyond the child–caregiver realm to the community context of development, which creates new, critical areas for intervention.⁴⁷ For example, consider efforts to create trauma-informed systems across communities.⁴⁸ These efforts continue to focus interven-

40. See, e.g., *Recognizing and Treating Child Traumatic Stress*, SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN., <https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress> (last updated Apr. 30, 2020).

41. See SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN., TIPS FOR TALKING WITH AND HELPING CHILDREN AND YOUTH COPE AFTER A DISASTER OR TRAUMATIC EVENT: A GUIDE FOR PARENTS, CAREGIVERS, AND TEACHERS 3 (2013) [hereinafter TIPS FOR HELPING CHILDREN].

42. See Kathryn H. Howell et al., *Relational Resilience as a Potential Mediator Between Adverse Childhood Experiences and Prenatal Depression*, 25 J. HEALTH PSYCH. 545, 552–53 (2017).

43. See TIPS FOR HELPING CHILDREN, *supra* note 41, at 4. The “2Gen” approach embraces this research. See generally TENN. DEP’T OF HUM. SERVS., 2GEN ANNUAL REPORT: BUILDING A THRIVING TENNESSEE THROUGH 2GEN 10 (2019); ASPEN INST., BUILDING A THRIVING TENNESSEE: A 2GEN APPROACH 4 (2018).

44. See Rachel Yehuda & Amy Lehrner, *Intergenerational Transmission of Trauma Effects: Putative Role of Epigenetic Mechanisms*, 17 WORLD PSYCHIATRY 243, 243 (2018) (discussing fatalism). Caution is needed to guard against using science to blame parents (most often, mothers) or to buttress arguments that trauma, at least for certain families, is genetic, an “other”-ing effect to shift nonindividual roles in disparity. Rather, it is to suggest the potential enduring impact of trauma across generations in order to strengthen an argument for systemic change.

45. See, e.g., *Whole Child*, ASCD, <http://www.ascd.org/whole-child.aspx> (last visited Nov. 6, 2020).

46. See *Addressing Adverse Childhood Experiences: A Case for Attention and Action in Tennessee*, TENN. COMM’N ON CHILD. & YOUTH [hereinafter TCCY], <https://www.tn.gov/content/dam/tn/tccy/documents/ace/ACEs%20A%20Case%20for%20Attention%20and%20Action.pdf> (last visited Nov. 6, 2020); *Talking About Child Mental Health in Tennessee: A Communications Toolkit for the Tennessee Commission on Children and Youth (TCCY)*, FRAMEWORKS INST., <http://www.frameworksinstitute.org/toolkits/cmhtennessee/> (last visited Nov. 6, 2020).

47. See, e.g., Jessica Dym Bartlett et al., *5 Ways Trauma-Informed Care Supports Children’s Development*, CHILD TRENDS (Apr. 19, 2016), <https://www.childtrends.org/child-trends-5/5-ways-trauma-informed-care-supports-childrens-development> (“[A] child’s inability to regulate emotions or behavior does not mean the child is ‘bad,’ but rather that the social environment is not meeting the needs of the child in some way.”).

48. See, e.g., Becky Campbell, *Johnson City’s Trauma Informed System of Care is Model for the Country*, JOHNSON CITY PRESS, <https://www.johnsoncitypress.com/Health-Care/2018/09/05/Johnson-City-s-trauma-informed-system-of-care-is-model-for-the-country> (July 5,

tions on the children and families impacted by systems, with success measured by individuals rather than groups.⁴⁹

Children in communities across the nation face many adversities. Even worse, many of their experiences are intergenerational.⁵⁰ Many of these communities also experience the negative effects of trauma in the form of diminished healthcare outcomes,⁵¹ income and wealth inequality,⁵² education deficits,⁵³ housing instability,⁵⁴ justice system involvement,⁵⁵ and un- and underemployment.⁵⁶ Isolated instances of trauma present challenges; their compounding nature magnifies the distress and complexity in ameliorating such negative effects.⁵⁷ The stress particularly impacts children, thereby creating cycles of trauma.⁵⁸

2020). While more rural in nature, the experience of intergenerational poverty in areas of Appalachia bear similarity to those of urban regions.

49. *See id.*

50. See Félíce Lê-Scherban et al., *Intergenerational Associations of Parent Adverse Childhood Experiences and Child Health Outcomes*, 141 *PEDIATRICS*, no. 6, 2018, at 1–2, 5–6; *see also* Wendy R. Ellis & William H. Dietz, *A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model*, 17 *ACAD. PEDIATRICS* S86, S86–87 (2017).

51. *See Poverty*, HEALTHY PEOPLE.GOV, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/poverty> (last visited Nov. 6, 2020); DHRUV KHULLAR & DAVE A. CHOKSHI, HEALTH AFFS., HEALTH, INCOME, & POVERTY: WHERE WE ARE & WHAT COULD HELP 1–2 (2018).

52. *See FACTS: Wealth Inequality in the United States*, INEQUALITY.ORG [hereinafter *Wealth Inequality*], <https://inequality.org/facts/wealth-inequality/> (last visited Nov. 6, 2020); Serena Lei, *Nine Charts About Wealth Inequality in America*, URB. INST. (Oct. 5, 2017) [hereinafter *Nine Charts*], <https://apps.urban.org/features/wealth-inequality-charts/>.

53. *See 2018: ACS 1-Year Estimates Subject Tables: Educational Attainment tbl.S1501*, U.S. CENSUS BUREAU [hereinafter *Educational Attainment*], <https://data.census.gov/cedsci/table?q=tbl.%20S1501&t=ACSST1Y2018.S1501&hidePreview=false> (last visited Nov. 6, 2020); Sean F. Reardon et al., *Is Separate Still Unequal? New Evidence on School Segregation and Racial Academic Achievement Gaps* 1, 27, 33 (Stan. Ctr. for Educ. Pol’y Analysis, Working Paper No. 19-06, 2019).

54. *See Why Eviction Matters*, EVICTION LAB, <https://evictionlab.org/why-eviction-matters/#who-is-at-risk> (last visited Nov. 6, 2020).

55. *See, e.g., Juvenile Population Characteristics: Poverty*, OFF. OF JUV. JUST. & DELINQ. PREVENTION [hereinafter *Poverty*], <https://www.ojjdp.gov/ojstatbb/population/qa01404.asp?qaDate=2018> (last visited Nov. 6, 2020); *U.S.: Criminal Justice System Fuels Poverty Cycle*, HUM. RTS. WATCH (June 21, 2018, 4:00 PM) [hereinafter *Criminal Justice System Fuels Poverty Cycle*], <https://www.hrw.org/news/2018/06/21/us-criminal-justice-system-fuels-poverty-cycle#>; Bernadette Rabuy & Daniel Kopf, *Prisons of Poverty: Uncovering the Pre-Incarceration Incomes of the Imprisoned*, PRISON POL’Y INITIATIVE (July 9, 2015), <https://www.prisonpolicy.org/reports/income.html>; Nathaniel Lewis, *Mass Incarceration: New Jim Crow, Class War, or Both?*, PEOPLE’S POL’Y PROJECT, <https://www.peoplespolicyproject.org/wp-content/uploads/2018/01/MassIncarcerationPaper.pdf> (last visited Nov. 6, 2020).

56. *See 2018: ACS 1-Year Estimates Subject Tables: Poverty Status in the Past 12 Months tbl.S1701*, U.S. CENSUS BUREAU [hereinafter *Poverty Status in the Past 12 Months*], <https://data.census.gov/cedsci/table?q=povrty%20status%20in%20the%20last%2012%20months&t=ACSST1Y2018.S1701&hidePreview=false> (last visited Nov. 6, 2020).

57. *See* Samantha M. Brown et al., *The Co-occurrence of Adverse Childhood Experiences Among Children Investigated for Child Maltreatment: A Latent Class Analysis*, 87 *CHILD ABUSE & NEGLECT* 18, 26 (2019).

58. *See* K.A. S. Wickrama et al., *Early Adversity and Later Health: The Intergenerational Transmission of Adversity Through Mental Disorder and Physical Illness*, 60 *J. GERONTOLOGY: SERIES B (SPECIAL ISSUE 2)* S125, S128–29 (2005).

The Building Community Resilience Model helpfully reframes efforts to address root causes of childhood adversity and toxic stress via more resilient communities.⁵⁹ This model bases “community resilience” on four adaptive capacities:

[1.] [T]he ability to sustain economic development within the community, [2.] the degree to which residents possess social capital (social networks and supports that include family and other community members), [3.] the effective bidirectional transfer of information and communication between residents and the social services agencies that serve them, and [4.] the community competence to support civic engagement (eg[.], voting and advocacy), self-management (health and social needs) and collective empowerment for community advocacy and engagement.⁶⁰

Critically, this model envisions cross-sector collaboration to enhance a community’s resilience, which, in turn, fosters environments supportive of resilient children.⁶¹ Communities are also called upon to adopt principles of collective impact.⁶² This coordinated, collective, intentional approach unites a community in a community-wide plan to reduce child trauma and stress.⁶³ Imperative for this Article’s vision of enduring, holistic change, the model builds upon shared understanding, a state of readiness, cross-sector partners, and an engaged community.⁶⁴ Ultimately, the model’s goal “is to redesign and align health and social service delivery systems to improve the fabric of communities where our most vulnerable children live, learn, and play.”⁶⁵

While certainly those persons at the heart of our policy are critical, maintaining a focus on risks and resiliency at individual and family levels risks blinding us to the accountability of the systems that serve these children and families. Building community resilience through the Building Community Resilience Model creates a framework for change that is holistic in its approach to child trauma prevention and mitigation.⁶⁶ However, it is critical to more explicitly confront the possibility that our underlying structures bear some responsibility for creating, fostering, or sustaining inequities that result in or impede efforts to mitigate trauma. Stated another way:

It is also critical that systems of care respond to family dynamics that are influenced by the social-ecological ramifications of structural is-

59. See Ellis & Dietz, *supra* note 50, at S86–87.

60. *Id.* at S87.

61. *Id.* at S86.

62. *Id.* at S87 (citing John Kania & Mark Kramer, *Collective Impact*, 9 STAN. SOC. INNOVATION REV. 36, 36–41 (2011)).

63. See *id.*

64. *Id.* at S88 fig.

65. *Id.* at S91.

66. See *id.* at S87.

sues such as poverty, housing instability, and racial discrimination. In order to adequately improve family well-being, our systems must attend to the contexts that place families at risk by building communities where basic needs are met and healthy development is championed for all of its members. In this way, trauma-informed care and trauma-informed responses are intricately tied to the community level as well as individual forms of care.⁶⁷

Additionally, these structural inequities may not only create discrete traumas; they may also create a collective trauma—a community “harm” from injustice. Recognizing this moves us from pieces of fabric to a “single garment.”⁶⁸

II. THE HEAD: MOVING FROM A COMMUNITY WITH MUCH TRAUMA TO A COMMUNITY TRAUMA⁶⁹

[A]ll life is interrelated, and we are all caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly. . . . I can never be what I ought to be until you are what you ought to be. And you can never be what you ought to be until I am what I ought to be—this is the inter-related structure of reality.⁷⁰

It should come as no surprise that in communities with high levels of individual and family trauma, aggregate stresses create a community-in-trauma.⁷¹ At a certain point—either after years of intergenerational trauma or due to a singular traumatizing event—we move from an individualized experience to a collective experience of trauma. Consider, for example, research that addresses the community trauma from an environmental disaster (e.g., Hurricane Katrina).⁷² Receiving less attention, however, is the context within which the environmental event occurs:

67. Kate Stapleton et al., *Exploring Associations Between Maternal Adverse Childhood Experiences and Child Behavior*, 95 CHILD. & YOUTH SERVS. REV. 80, 86 (2018).

68. Letter from Martin Luther King, Jr. to Fellow Clergymen from Birmingham Jail (Aug. 1963), published as Martin Luther King, Jr., *The Negro is Your Brother*, ATLANTIC MONTHLY 78 (Aug. 1963), archived at <https://www.theatlantic.com/magazine/archive/2018/02/letter-from-a-birmingham-jail/552461/>. My use of this metaphor was also inspired by the work of Cardinal Joseph L. Bernardin in *THE SEAMLESS GARMENT: WRITINGS ON THE CONSISTENT ETHIC OF LIFE* (Thomas A. Nairn ed., 2008). However, its use here is not meant in a religious way but more in a holistic, interrelated sense, albeit with clear moral (if not specifically religious) implications.

69. The idea of a community itself having trauma stemmed from a conversation by myself with Susan Cooper, Senior Vice President/Chief Integration Officer at Regional One Health, and Jan Young, Executive Director of the Assisi Foundation, discussing how to address barriers to health at a more global level in Memphis.

70. Martin Luther King, Jr., Reverend, Remaining Awake Through a Great Revolution, Commencement Address for Oberlin College (June 1965), <https://www2.oberlin.edu/external/EOG/BlackHistoryMonth/MLK/CommAddress.html>.

71. See Ellis & Dietz, *supra* note 50, at S87.

72. See, e.g., Benjamin F. Springgate et al., *Building Community Resilience Through Mental Health Infrastructure and Training in Post-Katrina New Orleans*, 21 ETHNICITY & DISEASE 20, 20 (2011); Anna Włodarczyk et al., *Communal Coping and Posttraumatic Growth in a Context of Natural Disasters in Spain, Chile, and Columbia*, 50 CROSS-CULTURAL RSCH. 325, 326 (2016).

intergenerational inequity. Faced with concentrated and enduring poverty with such striking disparate impact, arguably this inequitable context is itself a community trauma—a “systemic trauma,” beyond (but not replacing) the context’s trauma for individuals and families.⁷³

A. Placing the Narrative within a National Context

First, what does a community experiencing systemic trauma look like? It could be a community suffering from the effects of a natural disaster like Hurricane Katrina.⁷⁴ However, moving past the natural aspect of the disaster, consider the human contribution to this disaster, i.e., the human-made structures that allow individual and family trauma to exist and endure, and—at times—even seems to foster such trauma, whether directly or indirectly.⁷⁵ The human-made disaster of structural inequity resounds in far too many communities across the United States.⁷⁶ The Madison Park hypothetical discussed above represents but one set of data points in a national map—our national context that creates, or at the very least maintains, community-level trauma. Effective change requires understanding the extent of the problem, starting with data within the context.

1. National Statistics on Economic Inequity

In the United States, the official poverty rate for 2018 was 11.8%, marking the fourth consecutive year of decline.⁷⁷ This amounts to 38.1

73. This Article was completed just as the COVID-19 pandemic was devastating communities across the globe. Within the United States, early reports evidence the disparate impact of the virus on communities of color—particularly Black and Brown populations. See, e.g., Shikha Garg et al., *Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 – COVID-NET, 14 States, March 1–30, 2020*, 69 MORBIDITY & MORTALITY WKLY. REP. 458, 459 (2020); Erin Einhorn, *African Americans may be Dying from COVID-19 at a Higher Rate. Better Data is Essential, Experts Say.*, NBC NEWS, <https://www.nbcnews.com/news/nbcblk/african-americans-may-be-dying-covid-19-higher-rate-better-n1178011> (Apr. 8, 2020, 6:31 AM) (documenting disparate rates across cities in the United States, reflecting inequitable distribution of underlying health conditions as well as greater likelihood of holding jobs requiring potential exposure); Matt Masterson, *Pritzker Expanding COVID-19 Testing to Address ‘Huge’ Racial Disparity in Cases, Deaths*, WTTW (Apr. 10, 2020, 4:42 PM), <https://news.wttw.com/2020/04/10/pritzker-expanding-covid-19-testing-address-huge-racial-disparity-cases-deaths> (discussing new government efforts to address disparity in Chicago). This pandemic, tragically, is a prime case study for applying the ideas, concepts, and calls for additional research in this Article, starting with the urgent need to systematically collect the data that evidences the “trauma” of inequity.

74. See Springgate et al., *supra* note 72, at 20.

75. For an illustration of this in the race-discrimination context, see ELIZABETH TOBIN-TYLER & JOEL B. TEITELBAUM, *The Effects of Discrimination and Implicit Bias on Health and Health Care*, in ESSENTIALS OF HEALTH JUSTICE: A PRIMER 17, 17–29 (2019) (describing interpersonal, internalized, structural, intentional, and subconscious types of discrimination, their historical roots, and the pernicious nature of implicit bias).

76. *Id.* at 17.

77. JESSICA SEMEGA ET AL., U.S. CENSUS BUREAU, *INCOME AND POVERTY IN THE UNITED STATES: 2018 at 1* (2019). Reflecting on our case examples to begin this Article, the 2018 poverty rate of female-headed households with no spouse is 24.9%. *Id.* at 14 fig.9. More dramatic poverty rates exist for female-headed households with no spouse and related children under age 6 (47.7%). *Id.*

million people living in poverty.⁷⁸ While generally a positive trend, numbers mask differences within the rates, particularly for Black and Hispanic populations who have higher poverty rates and lower household incomes than non-Hispanic white populations.⁷⁹ Moreover, attempts to analyze the data miss the experiential and so-called sticky nature of poverty and its impact.⁸⁰

Poverty is a social and political concept, not merely a technical one. At its core, it is about not having enough income to afford what's needed to live at a minimally decent level. But there's no purely scientific way to determine what goods and services are "necessary" or what it means to live at a "minimally decent level." Both depend in part on shared social understandings and evolve over time as mainstream living standards evolve.⁸¹

Not only are incomes rising for the ultra-rich, but this group is finding it easier to bounce back after recessions,⁸² often as a result of policy decisions (e.g., the 2017 tax cut legislation⁸³).

Further, as noted with the Madison Park hypothetical, where a person lives matters. Consider the "distinct north-south divide" across the United States, with concentrations of high poverty predominant in the lower half, which has been described as the "continental poverty di-

78. *Id.* at 1.

79. *Id.* at 3. Also positively correlated with higher poverty rates are age (higher amongst children under 18), lack of citizenship status, living in a principal city in a MSA (or outside an MSA—i.e., rural populations), presence of a disability, and lack of a high school diploma. *See id.* at 13 fig.8. Critics of the official way of measuring poverty contend it should reflect different costs of living, as well as safety net and other sorts of benefits, which supplemental measures are not included in the U.S. Census Bureau approach. *See* Anupama Jacob, *The Supplemental Poverty Measure: A Better Measure for Poverty in America?*, U.C. DAVIS CTR. FOR POVERTY RSCH., https://poverty.ucdavis.edu/sites/main/files/file-attachments/jacob_poverty_measures_brief.pdf. (last visited Nov. 6, 2020). The Census Bureau approach, however, continues to be the subject of debate. *See, e.g.*, Shawn Fremstad, *The Official U.S. Poverty Rate is Based on a Hopelessly Out-of-Date Metric*, WASH. POST (Sept. 16, 2019, 11:01 AM), <https://www.washingtonpost.com/outlook/2019/09/16/official-us-poverty-rate-is-based-hopelessly-out-of-date-metric/>.

80. Laurence Chandy et al., *From a Billion to Zero: Three Key Ingredients to End Extreme Poverty*, in *THE LAST MILE IN ENDING EXTREME POVERTY* 1, 9 (Laurence Chandy et al. eds., 2015).

[P]overty will not disappear of its own accord, especially in countries where it has been consistently high. A change in circumstances (such as the end of conflict in Cambodia) or policies (such as China's household responsibility system) or a well-crafted intervention (such as Brazil's Bolsa Familia cash transfer program) is required to trigger a turning point in the quest to end poverty.

Id.

81. Fremstad, *supra* note 79. The author goes on to detail how the U.S. Census Bureau's official poverty level would provide a family of four (two adults and two children) with \$2,100/month in income, a challenge to live on, especially if you factor in a "fair market rent" of \$1,411 in Baltimore, which would represent over 2/3 of that family's income. *Id.*

82. *See Wealth Inequality*, *supra* note 52.

83. Tax Cut and Jobs Act of 2017, Pub. L. No. 115-97, 131 Stat. 2054 (2017); *see also* Dorothy A. Brown, *Race and Class Matters in Tax Policy*, 107 COLUM. L. REV. 790, 791-93 (2007).

vide.”⁸⁴ Beyond this north–south distinction, cities across America evidence disparity in opportunity and healthy development when living simply a few miles apart.⁸⁵ This disparity in economic opportunity grows wider at each step along the income ladder.⁸⁶ In 2018, the incomes of the richest 0.1% were 196 times greater than the bottom 90% of incomes.⁸⁷ These statistics reveal racial disparities, with Black families consistently earning less and holding much less wealth than their non-Hispanic white counterparts.⁸⁸ Children are hit especially hard by this economic inequality.⁸⁹ Unpacking the data, an analysis of health, education, housing, justice, and educational systems within traumatized communities further reveals this disparate impact.

2. By System⁹⁰

a. Health

“As economic inequality in the USA has deepened, so too has inequality in health.”⁹¹ People with lower incomes have less access to health care, and they may be un- or underinsured.⁹² This, in turn, affects health outcomes, especially for chronic conditions such as stroke, heart disease, and diabetes.⁹³ Poor health often results in lower earnings,⁹⁴ perpetuating

84. James B. Holt, *The Topography of Poverty in the United States: A Spatial Analysis Using County-Level Data from the Community Health Status Indicators Project*, 4 PREVENTING CHRONIC DISEASE, no. 4, 2007, at fig.5.

85. RAJ CHETTY ET AL., U.S. CENSUS BUREAU, THE OPPORTUNITY ATLAS: MAPPING THE CHILDHOOD ROOTS OF SOCIAL MOBILITY 1–2 (2018) [hereinafter THE OPPORTUNITY ATLAS].

86. See *Nine Charts*, *supra* note 52.

87. FACTS: *Income Inequality in the United States*, INEQUALITY.ORG [hereinafter *Income Inequality*], <https://inequality.org/facts/income-inequality/> (last visited Nov. 6, 2020); see also *Nine Charts*, *supra* note 52 (“In 1963, families near the top had six times the wealth (or, \$6 for every \$1) of families in the middle. By 2016, they had 12 times the wealth of families in the middle.”).

88. Christopher Ingraham, *A New Explanation for the Stubborn Persistence of the Racial Wealth Gap*, WASH. POST (Mar. 14, 2019, 7:21 AM), https://www.washingtonpost.com/us-policy/2019/03/14/new-explanation-stubborn-persistence-racial-wealth-gap/?utm_term=.1bbdb918e43d (describing the Federal Reserve Bank of Cleveland’s finding that the racial income gap accounts for the racial wealth gap).

89. See, e.g., Christina M. Gibson-Davis & Christine Percheski, *Children and the Elderly: Wealth Inequality Among America’s Dependents*, 55 DEMOGRAPHY 1009, 1009–32 (2018).

90. Examples in this Section (and the systems affected) are meant to be illustrative, not exhaustive.

91. Samuel L. Dickman et al., *Inequality and the Health-Care System in the USA*, 389 LANCET 1431, 1431 (2017); see also Jacob Bor et al., *Population Health in an Era of Rising Income Inequality: USA, 1980–2015*, 389 LANCET 1475, 1475–76 (2017); Ichiro Kawachi & Bruce P. Kennedy, *Health and Social Cohesion: Why Care About Income Inequality?*, 314 BMJ 1037, 1037–40 (1997) (connecting poor health outcomes to income inequality and a lack of social cohesion).

92. See EDWARD R. BERCHICK ET AL., U.S. CENSUS BUREAU, HEALTH INSURANCE COVERAGE IN THE UNITED STATES: 2018 at 13 fig.6 (2019). In 2018, insurance coverage gaps stood at 16.9% in Medicaid expansion states, and 35.6% in nonexpansion states for persons below 100% of the Federal Poverty Level (FPL). See Dickman et al., *supra* note 91, at 1432–35.

93. See *Quick Maps of Heart Disease, Stroke, and Socio-Economic Conditions*, CTR. FOR DISEASE CONTROL & PREVENTION, <https://www.cdc.gov/dhds/maps/quick-maps/index.htm> (last visited Nov. 6, 2020); KHULLAR & CHOKSHI, *supra* note 51, at 1.

94. “It’s also clear that while low income contributes to poor health status, poor health can also contribute to lower income. Poor health can limit one’s ability to work, reduce economic oppor-

a vicious cycle.⁹⁵ As previously described, geography also matters—and not simply for longevity.⁹⁶ Beyond life expectancy, social and economic factors impact the quality of that life.⁹⁷ For example, “[l]ow-income adults are more than [three] times as likely to have limitations in routine activities . . . due to chronic illness Children living in poverty are more likely to have risk factors such as obesity and elevated blood lead levels, affecting their future health prospects.”⁹⁸ And limited health care access, diminished longevity, and poorer health outcomes (e.g., infant morbidity and mortality, obesity, heart disease, cancer, and sexually-transmitted diseases) are disparately experienced by minority populations.⁹⁹ And while “[h]ealth starts where we live, learn, work and play,”¹⁰⁰ it is also critical to move beyond the health care system to understand how other social and economic factors in other systems impact health and well-being.

b. Education

People living below the federal poverty line are more likely to not have a high school diploma or to have a high school diploma but no college degree, with Black and Hispanic populations disproportionately impacted by lower degree attainment.¹⁰¹

Extensive research has conclusively demonstrated that children’s social class is one of the most significant predictors—if not the single most significant predictor—of their educational success. Moreover, it is increasingly apparent that performance gaps by social class take root in the earliest years of children’s lives and fail to narrow in the years that follow.¹⁰²

Further, while adult involvement and pre-K help children succeed in their education, gaps in educational attainment persist with “the consequences of poverty . . . increasingly hard to compensate for”¹⁰³—leading

tunities, inhibit educational attainment, and lead to medical debt and bankruptcy.” KHULLAR & CHOKSHI, *supra* note 51, at 4.

95. *See id.*

96. *See supra* notes 84–85 and accompanying text.

97. Dave A. Chokshi, *Income, Poverty, and Health Inequality*, 319 JAMA 1312, 1312 (2018).

98. *Id.*

99. NAT’L ACADS. OF SCIS., ENG’G, & MED., COMMUNITIES IN ACTION: PATHWAYS TO HEALTH EQUITY 58–64 (James N. Weinstein et al. eds., 2017) [hereinafter PATHWAYS TO HEALTH EQUITY]. *See* ELIZABETH ARIAS, NAT’L CTR. FOR HEALTH STAT., CHANGES IN LIFE EXPECTANCY BY RACE AND HISPANIC ORIGIN IN THE UNITED STATES, 2013–2014 at 1 (2016); NAT’L CTR. FOR HEALTH STATS., DEATHS, PERCENT OF TOTAL DEATHS, AND DEATH RATES FOR THE 15 LEADING CAUSES OF DEATH IN 5-YEAR AGE GROUPS, BY RACE AND SEX: UNITED STATES, 2015 (2017); *Poverty*, *supra* note 51; KHULLAR & CHOKSHI, *supra* note 51, at 1.

100. ROBERT WOOD JOHNSON FOUND., A NEW WAY TO TALK ABOUT THE SOCIAL DETERMINANTS OF HEALTH at iii (2010).

101. *Educational Attainment*, *supra* note 53.

102. EMMA GARCIA & ELAINE WEISS, ECON. POL’Y INST., EDUCATION INEQUALITIES AT THE STARTING GATE: GAPS, TRENDS, AND STRATEGIES TO ADDRESS THEM 2 (2017).

103. *Id.* at 4.

to a policy failure at each level of government.¹⁰⁴ These achievement gaps particularly impact students of color and their future academic and employment opportunities.¹⁰⁵ A recent study also suggests that disparities in use of school discipline and academic achievement are linked, a pernicious combination negatively impacting educational advancement amongst Black children and youth.¹⁰⁶

c. Housing

“Access to a stable, decent, affordable, and accessible home is essential to virtually every area of a person’s life. Housing is intrinsically connected to better health outcomes, economic mobility, employment prospects, and greater opportunities for people exiting the criminal justice system.”¹⁰⁷ But this sort of housing is out of reach for a significant part of the U.S. population, especially among renters and people of color. For example:

- There is a shortage of 3.6 million affordable rental homes for extremely low-income populations;¹⁰⁸
- Extremely low, very low, and low-income households account for 92% of all cost-burdened renters, and more than 99% of all severely cost-burdened renters;¹⁰⁹
- Each of the fifty largest metropolitan areas in the United States have a shortage of affordable, available rental homes for extremely low-income renters;¹¹⁰

104. *Id.* at 5.

105. Roland G. Fryer, Jr. & Stephen D. Levitt, *The Black-White Test Score Gap through Third Grade 4–5* (Nat’l Bureau of Econ. Rsch., Working Paper No. 11049, 2005), <https://www.nber.org/papers/w11049.pdf>.

By the end of third grade, even after controlling for observables, the black-white test score gap is evident in every skill tested in reading and math except for the most basic tasks such as counting and letter recognition which virtually all students have mastered. The largest racial gaps in third grade are in the skills most crucial to future academic and labor market success: multiplication and division in math, and inference, extrapolation, and evaluation in reading. Any initial optimism is drowned out by the growing gap.

Id.; see also Reardon et al., *supra* note 53, at 1, 27, 33 (describing how racial achievement gaps are “completely accounted for” by racial differences in school poverty and highlighting the higher concentrations of minority students in high-poverty schools).

106. See Francis A. Pearman II et al., *Are Achievement Gaps Related to Discipline Gaps? Evidence from National Data*, 5 AERA OPEN, no. 4, 2019, at 1–2, 15.

107. ANDREW AURAND ET AL., NAT’L LOW INCOME HOUS. COAL., THE GAP: A SHORTAGE OF AFFORDABLE HOMES 2 (2020) (internal citations omitted).

108. *Id.* Note: “extremely low income” is defined as a household with an income at or below the poverty guideline or 30% of the area median income, whichever is higher. *Id.* at 1.

109. *Id.* at 6–7. Note: “cost-burdened” is defined as a household that spends more than 30% of its income on rent/utilities, while a “severely cost-burdened” household spends more than half of its income on housing. *Id.* at 6.

110. *Id.* at 8.

- Low-wage employment does not provide adequate income for affordable housing;¹¹¹
- Black and Hispanic households are more likely to be extremely low-income than non-Hispanic white households.¹¹² These disparities also reflect decades of discriminatory housing policies;¹¹³
- Non-Hispanic whites have a 70% homeownership rate, while the Black homeownership rate is only 41.5%;¹¹⁴
- Black mortgage applicants experience twice the rate of denials than non-Hispanic white applicants.¹¹⁵

In sum:

The systemic, national shortage of affordable housing for extremely low-income renters is evidence of the need for deeply income-targeted federal housing subsidies to serve them. Public subsidies are needed both to subsidize the production and operation of affordable homes for the lowest-income renters and to provide rental assistance that low-income families can utilize to afford rental housing in the private market.¹¹⁶

Why should policymakers care? These financial burdens negatively impact economic security, health, educational advancement, and labor force participation. For example, housing burdens limit the ability of families to cover necessary medical expenses;¹¹⁷ they also contribute to housing instability, such as falling behind on rent, multiple moves, and

111. *Id.* at 11.

112. *Id.* at 13.

113. See Lisa Rice & Deirdre Swesnik, *Discriminatory Effects of Credit Scoring on Communities of Color*, 46 SUFFOLK U. L. REV. 935, 936, 940 (2013).

114. Michael Hyman, *Homeownership Rate Trends in 2009–2017: Improving, but Wide Racial Disparities Exist*, NAT'L ASS'N OF REALTORS: ECONOMISTS' OUTLOOK BLOG (July 9, 2019), <https://www.nar.realtor/blogs/economists-outlook/homeownership-rate-trends-in-2009-2017-improving-but-wide-racial-disparities-exist>.

115. Sarah Mikhitarian, *Black Mortgage Applicants Denied at More Than Twice the Rate of Whites*, ZILLOW (Apr. 19, 2018), <https://www.zillow.com/research/black-white-mortgage-denials-19616/>; Drew DeSilver & Kristen Bialik, *Blacks and Hispanics Face Extra Challenges in Getting Home Loans*, PEW RSCH. CTR. (Jan. 10, 2017), <https://www.pewresearch.org/fact-tank/2017/01/10/blacks-and-hispanics-face-extra-challenges-in-getting-home-loans/>.

116. AURAND ET AL., *supra* note 107, at 16.

117. See NABIHAH MAQBOOL ET AL., CTR. FOR HOUS. POL'Y, *THE IMPACTS OF AFFORDABLE HOUSING ON HEALTH: A RESEARCH SUMMARY 2* (2015).

An analysis of 2012 household expenditures found that low-income households that spent more than half their income on housing costs, and are therefore severely housing cost burdened, spent less on food and health care compared to similar households spending 30 percent or less of their income on housing Another study found that increases in statewide average rents are correlated with increased rates of food insecurity among families with children.

Id. (footnotes omitted).

homelessness.¹¹⁸ This instability, in turn, is associated with greater risk of adverse caregiver and child health status¹¹⁹ and certainly enhances stress levels, which adversely impact psychological well-being.¹²⁰

d. Justice System Involvement

Black and Hispanic juvenile populations disproportionately experience poverty.¹²¹ Family socioeconomic status during childhood years is a strong predictor of serious and violent juvenile delinquency during later adolescence.¹²² Thus, experiencing early adversity predicts later justice system involvement.¹²³ Incarceration rates evidence income and racial disparity,¹²⁴ contributing to the mass incarceration crisis in the United States.¹²⁵ And disparity impacts each stage of justice involvement, from interaction with law enforcement through the bail system, trial, and sentencing.¹²⁶

e. Employment

As of this writing, the current unemployment rate in the United States remained a low 3.6%, representing about 5.9 million unemployed

118. Megan Sandel et al., *Unstable Housing and Caregiver and Child Health in Renter Families*, 141 PEDIATRICS, no. 2, 2018, at 2, 8.

119. *Id.* at 7–8.

120. MAQBOOL ET AL., *supra* note 117, at 3.

121. *See Poverty*, *supra* note 51.

122. NAT'L CTR. FOR JUV. JUST., JUVENILE OFFENDERS AND VICTIMS: 2014 NATIONAL REPORT 7 (Melissa Sickmund & Charles Puzanchedra eds., 2014).

123. *See* Miguel Basto-Pereira et al., *Growing up with Adversity: From Juvenile Justice Involvement to Criminal Persistence and Psychosocial Problems in Young Adulthood*, 62 CHILD ABUSE & NEGLECT 63, 64, 71 (2016); Melissa A. Kowalski, *Adverse Childhood Experiences and Justice-Involved Youth: The Effect of Trauma and Programming on Different Recidivistic Outcomes*, 17 YOUTH VIOLENCE & JUV. JUST. 354, 354–55 (2019). *See* Michael T. Baglivio et al., *The Prevalence of Adverse Childhood Experiences (ACE) in the Lives of Juvenile Offenders*, 3 J. JUV. JUST., no. 2, 2014, at 1, 2–3.

124. *See* Rabuy & Kopf, *supra* note 55 (finding that incarcerated people had pre-incarceration median incomes far lower than nonincarcerated people of the same age); John Gramlich, *The Gap Between the Number of Blacks and Whites in Prison is Shrinking*, PEW RSCH. CTR. (Apr. 30, 2019), <https://www.pewresearch.org/fact-tank/2019/04/30/shrinking-gap-between-number-of-blacks-and-whites-in-prison/> (demonstrating racial disparities amongst incarceration rates).

125. *See* Edward Im, *Mass Incarceration and Inequality in the United States*, TBG INSIGHTS (May 10, 2019), <https://insights.theberkeleygroup.org/mass-incarceration-and-inequality-in-the-united-states-77bc67f39c5d>; Becky Pettit & Carmen Gutierrez, *Mass Incarceration and Racial Inequality*, 77 AM. J. ECON. & SOCIO. 1153, 1154 (2018).

126. THE SENT'G PROJECT, REDUCING RACIAL DISPARITY IN THE CRIMINAL JUSTICE SYSTEM: A MANUAL FOR PRACTITIONERS AND POLICYMAKERS 1 (2000); *See Criminal Justice System Fuels Poverty Cycle*, *supra* note 55; Robert D. Crutchfield et al., *Racial Disparities in Early Criminal Justice Involvement*, 1 RACE & SOC. PROBS. 218, 228 (2009). Black individuals were more likely to be arrested: by tenth grade, 25% of Black youth had been arrested versus less than 10% of white youth. *Id.* Moreover, controlling for income, race remained a significant factor in police contacts. *Id.* Notably, Black youth are also much more likely to be transferred to adult criminal courts. *Characteristics of Cases Judicially Waived from Juvenile Court to Criminal Court*, OFF. OF JUV. JUST. & DELINQ. PREVENTION, https://www.ojjdp.gov/ojstatbb/snapshots/DataSnapshot_Waiver2017.pdf (last visited Nov. 7, 2020) (illustrating that Black youth judicial waiver rates stand at 54% while that of white youth is 31%).

people.¹²⁷ While the pace and extent of recovery since the 2008 financial crisis has been favorable and has benefited all populations, disparity remains.¹²⁸ Black unemployment stands at two times the rate of white people—5.5% to 3.2%, respectively¹²⁹—which is consistent at almost every education level.¹³⁰ When holding jobs, Black workers are more likely to be underemployed, or rather in a job that underuses workers' skills.¹³¹ Essentially, “[w]hile a tighter labor market has helped to reduce the black unemployment rate, even that has not been enough to eliminate multiple layers of racial inequality in the labor market.”¹³²

Recent national survey data highlights ties between unemployment and poverty status.¹³³ However, employment alone is not an escape from poverty. Over half of working adults living in poverty are employed.¹³⁴ But disability, schooling, and inability to find suitable employment present significant barriers to workforce participation.¹³⁵ Reflecting back on the Madison Park hypothetical, families with children, especially households led by single females, have higher working poverty rates—24.8% in 2015.¹³⁶ This situation disproportionately impacts Black and Hispanic households.¹³⁷ Working poverty rates reflect several factors, including low wages and part-time hours.¹³⁸ Ultimately, while productivity might be up and recovery from the 2008 financial crisis generally apparent, hourly wages and full-time employment opportunities are not.¹³⁹

127. News Release, U.S. Bureau of Lab. Stat., *The Employment Situation—March 2020* (Aug. 7, 2020) (on file with author) (listing January 2020 statistics). Note, as of this writing on April 26, 2020, the unemployment rate had skyrocketed by 26.5 million people; the real unemployment rate had exceeded 20%. COVID-19 has caused economic fallout and is expected to have disparate negative impacts. Lance Lambert, *Real Unemployment Rate Soars Past 20%—and the U.S. Has Now Lost 26.5 Million Jobs*, FORTUNE (Apr. 23, 2020, 6:42 AM), <https://fortune.com/2020/04/23/us-unemployment-rate-numbers-claims-this-week-total-job-losses-april-23-2020-benefits-claims/>.

128. See News Release, U.S. Bureau of Lab. Stat., *supra* note 127.

129. See *id.*

130. JHACOVA WILLIAMS & VALERIE WILSON, ECON. POL’Y INST., *BLACK WORKERS ENDURE PERSISTENT RACIAL DISPARITIES IN EMPLOYMENT OUTCOMES* 2 fig.A (2019).

131. *Id.* at 3 fig.B.

132. *Id.* at 4.

133. See *Poverty Status in the Past 12 Months*, *supra* note 56; David Wagner, *The Causes of Poverty*, in *POVERTY & WELFARE IN AMERICA: EXAMINING THE FACTS* 21, 25–68 (2019); see also David Brady et al., *Rethinking the Risks of Poverty: A Framework for Analyzing Prevalences and Penalties*, 123 AM. J. SOCIO. 740, 753–54 (2017) (describing how, in the United States, unemployment significantly impacts poverty).

134. See Ann Huff Stevens, *Employment and Poverty*, UNIV. CAL. DAVIS CTR. FOR POVERTY & INEQ. RSCH., <https://poverty.ucdavis.edu/post/employment-and-poverty-0> (last visited Nov. 7, 2020).

135. *Id.*

136. *Id.*

137. See KAYLA PATRICK, NAT’L WOMEN’S L. CTR., *NATIONAL SNAPSHOT: POVERTY AMONG WOMEN & FAMILIES*, 2016 at 1 (2017).

138. See David Cooper, *One in Nine U.S. Workers Are Paid Wages That Can Leave Them in Poverty, Even When Working Full Time*, ECON. POL’Y INST. (June 15, 2018), <https://www.epi.org/publication/one-in-nine-u-s-workers-are-paid-wages-that-can-leave-them-in-poverty-even-when-working-full-time/>.

139. See Matthew Desmond, *America Wants to Believe Jobs Are the Solution to Poverty. They’re Not.*, N.Y. TIMES MAG. (Sept. 11, 2018),

These system-by-system statistics should cause alarm. Moreover, they represent a crisis compounded by disparity reflected across several different systems.¹⁴⁰ That is, negative attainment in one area often correlates with negative impacts in other areas, creating a cycle of inequity: e.g., housing instability impacts educational achievement, which impacts health and employment success, which increases the likelihood of justice involvement.¹⁴¹ Focusing on a single system for attention, thus, risks missing the complex and interwoven nature of disparity. It also makes it easier to shift accountability for addressing these disparities to some *other* system. Critical, then, is an approach capable of a holistic vision for intervention. And critical for enduring change is a holistic intervention going to root causes, i.e., the cross-system structures that maintain inequity.

B. Framing as a Community Trauma

There are many ways to frame this reality: as a lack of resources, a lack of workable policies, or a lack of leadership. Each has value but, perhaps, runs the risk of missing the forest through the trees. What if, however, we framed the current reality of inequity as a community trauma that impedes healthy community development, similar to how we framed trauma's deleterious impact on healthy child development? First, how might this work?

An abundance of literature highlights the impact of social determinants on health, moving us beyond medical definitions of disease to the social, economic, and political factors impacting health and well-being.¹⁴² Negative determinants create toxic stress individually and also cumulatively across neighborhoods.¹⁴³ So, in addition to looking to the community to help address stresses impacting individuals and families, we should also investigate the broader community's collective experience of this trauma, e.g., the collective witnessing of violence, the wider experience of discrimination, the broader experience of persistent poverty—and broader yet, the impact of this poverty on the community's shared prosperity.¹⁴⁴

Viewed this way, and building on the approach to address child trauma, community trauma impedes the development and maintenance of

<https://www.nytimes.com/2018/09/11/magazine/americans-jobs-poverty-homeless.html> (describing how obtaining a job is not the key to escaping poverty).

140. See PATHWAYS TO HEALTH EQUITY, *supra* note 99, at 100, 116–20.

141. See *id.*

142. See *supra* Section II.A.2; *Social Determinants of Health Inequalities*, *supra* note 27, at 216–17; see also P. Braveman & S. Gruskin, *Defining Equity in Health*, 57 J. EPIDEMIOL. CMTY. HEALTH 254, 256 (2003) (providing a counterargument on not going as far as WHO on defining health). These medical models do not discount the importance of SDOH, just perhaps the focus of our responses, the level of accountability, and the measures of our success.

143. See Marynia Kolak et al., *Quantification of Neighborhood-Level Social Determinants of Health in the Continental United States*, JAMA NETWORK OPEN, Jan. 29, 2020, at 2.

144. *Id.*

healthy communities, much as child trauma impedes healthy child development.¹⁴⁵ This situation, in turn, impacts the shared prosperity we might experience from healthy, well-developed communities. And building a well-developed community relies on a community to develop, a community engaged in its development, and a community's capacity to thus engage. This contextualized rooting points to the value of this framing: To achieve equity requires more than a single policy or strong leader. It requires building safe, stable, and nurturing relationships within communities while also building a holistic vision of community—one that promotes community stability across systems and promotes community resiliency for when bad things happen. Thus, requirements root the structural in the relational. Let us start with the former, the head in this work.¹⁴⁶

C. Addressing a Community's Trauma through Structural Interventions

1. The Role of Law in Addressing the Trauma of Structural Inequity

Trauma exists within a context, a context that often includes persistent poverty and discrimination with a disparate impact on certain groups. In such contexts, our collective inheritance amounts to diseased structures, and our collective responsibility is to create structural interventions that will heal our communities by targeting the structural trauma passed on to the next generation. Building on research on child trauma will guide us toward potential community trauma mitigation approaches, utilizing a structural change focus. For example, we should study how to create more resilient communities; enhance healthy community development through safe, stable, nurturing intracommunity relationships; and enhance community capacity to mitigate or prevent current and future negative impacts of toxic stress. This calls for structural reform via cross-cutting policy interventions. Only with these more enduring, expansive, and inclusive policymaking approaches can we address the collective, community experience of trauma (which, of course, should also make it easier to address child trauma).

Structural change requires policy action. Drawing upon a holistic vision of what it takes to create, foster, and experience a healthy community, law emerges as a powerful force for change, not simply through case-based advocacy¹⁴⁷ but as a tool for upstream change, i.e., addressing

145. HOWARD PINDERHUGHES ET AL., PREVENTION INST., ADVERSE COMMUNITY EXPERIENCES AND RESILIENCE: A FRAMEWORK FOR ADDRESSING AND PREVENTING COMMUNITY TRAUMA 1, 9–13 (2015).

146. For the relational aspect, see discussion *infra* Part III.

147. See, e.g., *Altria Grp., Inc. v. Good*, 555 U.S. 70 (2008); *Cipollone v. Liggett Grp., Inc.*, 505 U.S. 504 (1992).

the root causes of negative outcomes.¹⁴⁸ A “whole community” approach to address SDOH presents a cross-sector challenge for policymakers; however, the transdisciplinary model of public health¹⁴⁹ integrates policy approaches to address these cross-sector impacts beyond health to areas such as education, housing, justice, and employment.¹⁵⁰ How might the law help?

2. Structural Intervention and Economic Inequity

Statistics highlight the significant and growing income and wealth inequality in the United States.¹⁵¹ Studies confirm the health impacts of this economic inequity.¹⁵² Fortunately, innovative policy approaches exist to address inequity, such as direct cash distributions and changes to the tax system. In 2019, Senators Michael Bennett (D-CO) and Sherrod Brown (D-OH) introduced legislation to reform the childcare tax credit system to alleviate child poverty,¹⁵³ while Senator Cory Booker (D-NJ) developed a more expansive approach via “baby bonds.”¹⁵⁴ Baby bonds, or government investment accounts given to infants that grow in value until maturity once the infants reach adulthood,¹⁵⁵ have been touted for their ability to address the pernicious impact of wealth inequality resulting from disparate intergenerational wealth transfer.¹⁵⁶ Others call for altering subsidies for health insurance to end preferential treatment of

148. See Scott Burris et al., *A Transdisciplinary Approach to Public Health Law: The Emerging Practice of Legal Epidemiology*, 37 ANN. REV. PUB. HEALTH 135, 140–41 (2016).

149. *Id.* at 141–42.

150. See Amy T. Campbell, *What Hope for Health in All Policies’ Addition and Multiplication of Equity in an Age of Subtraction and Division at the Federal Level?: The Memphis Experience*, 12 ST. LOUIS U. J. HEALTH L. & POL’Y 59, 70 (2018) [hereinafter *What Hope for HiAP*]; Raphael W. Bostic et al., *Health in All Policies: The Role of the US Department of Housing and Urban Development and Present and Future Challenges*, 31 HEALTH AFFS. 2130, 2132–33 (2012).

151. See, e.g., Juliana Menasce Horowitz et al., *Most Americans Say There Is Too Much Economic Inequality in the U.S., but Fewer than Half Call It a Top Priority*, PEW RSCH. CTR. (Jan. 9, 2020), <https://www.pewsocialtrends.org/2020/01/09/most-americans-say-there-is-too-much-economic-inequality-in-the-u-s-but-fewer-than-half-call-it-a-top-priority/>.

152. See, e.g., STEVEN H. WOOLF ET AL., URB. INST., *HOW ARE INCOME AND WEALTH LINKED TO HEALTH AND LONGEVITY?* 1 (2015); Michael Marmot, *The Influence of Income on Health: Views of an Epidemiologist*, 21 HEALTH AFFS. 31, 38 (2002).

153. See American Family Act of 2019, S. 690, 116th Cong. (2019); see also MICHAEL BENNETT, U.S. SEN. FOR COLO., *FACT SHEET: THE AMERICAN FAMILY ACT 4* (2019), https://www.bennet.senate.gov/public/_cache/files/c/9/c95f1385-42ba-43fd-9003-c70b5e702a88/B2B2105009436FE946AB7B313D3AC421.american-family-act-of-2019-fact-sheet.pdf (describing estimates that the bill would decrease child poverty by 38% and deep child poverty by 50%).

154. American Opportunity Accounts Act, S. 2231, 116th Cong. (2019) (specifically targeting the wealth gap in the United States).

155. Darrick Hamilton & William Darity, Jr., *Can ‘Baby Bonds’ Eliminate the Racial Wealth Gap in Putative Post-Racial America?*, 37 REV. BLACK POL. ECON. 207, 215 (2010).

156. See CHRISTA CASSIDY ET AL., SAMUEL DUBOIS COOK CTR. ON SOC. EQUITY AT DUKE UNIV., *BABY BONDS: A UNIVERSAL PATH TO ENSURE THE NEXT GENERATION HAS THE CAPITAL TO THRIVE 6* (2019) (“A federal-level Baby Bonds program would signal to the country that economic stability is a birthright for U.S. citizens and would provide an important social safety net.”).

those with the most wealth,¹⁵⁷ enhancing tax subsidies for lower-income populations,¹⁵⁸ and creating more progressive tax systems, generally.¹⁵⁹

Moreover, as discussed above, economic inequities are reinforced by the “stickiness” (that is, the enduring effect) of where you are born or live.¹⁶⁰ Thus, policy interventions to distribute income and wealth more equitably within communities stand to heal communities from the trauma of persistent, disparate poverty.¹⁶¹ However, place-based policies must consider what works, where, and how. Further, specific attention to address inequitable access and outcomes in places of persistent inequity, such as at the neighborhood or city level, must be balanced against the aggregate measures that allow this persistence to persist.¹⁶² Place-based policy approaches¹⁶³ merge with this Article’s emphasis on the “place” of community as distinct from, albeit incorporating, the “persons” making up a community; together recognizing that we must consider both¹⁶⁴ in a

157. *Reduce Tax Subsidies for Employment-Based Health Insurance*, CONG. BUDGET OFF. (Dec. 13, 2018), <https://www.cbo.gov/budget-options/54798> (describing how current law benefits people with higher incomes who receive larger subsidies and discussing alternative options).

158. Aviva Aron-Dine & Matt Broaddus, *Improving ACA Subsidies for Low- and Moderate-Income Consumers Is Key to Increasing Coverage*, CTR. ON BUDGET & POL’Y PRIORITIES (Mar. 21, 2019), <https://www.cbpp.org/research/health/improving-aca-subsidies-for-low-and-moderate-income-consumers-is-key-to-increasing>.

159. See, e.g., Peter Diamond & Emmanuel Saez, *The Case for a Progressive Tax: From Basic Research to Policy Recommendations*, 25 J. ECON. PERSPS. 165, 166–67 (recommending high, rising marginal tax rates on very high-income earners; subsidizing earnings of low-income families; and taxing capital income); MICHAEL J. GRAETZ & IAN SHAPIRO, *DEATH BY A THOUSAND CUTS: THE FIGHT OVER TAXING INHERITED WEALTH 1* (2005).

160. See PLACE MATTERS, *supra* note 7, at 1.

161. John Powell, *Race, Place, and Opportunity*, AM. PROSPECT (Sept. 21, 2008), prospect.org/special-report/race-place-opportunity/.

162. See, e.g., Gill Bentley & Lee Pugalís, *Shifting Paradigms: People-Centred Models, Active Regional Development, Space-Blind Policies and Place-Based Approaches*, 29 LOCAL ECON. 283, 283–94 (2014) (on being more refined in place-based approaches to look at where things work); PETER MATTHEWS ET AL., EQUAL. & HUM. RTS. COMM’N SCOT., ‘HARD-TO-REACH’ OR ‘EASY-TO-IGNORE’? A RAPID REVIEW OF PLACE-BASED POLICIES AND EQUALITY 1, 17 (2012) (reviewing place-based strategies for higher-poverty neighborhoods in Scotland, and calling for greater attention to inequality within neighborhoods and broader geographic-area drivers).

163. See, e.g., Ryan Nunn et al., *Place-Based Policies for Shared Economic Growth*, BROOKINGS INST. (Oct. 19, 2018), <https://www.brookings.edu/blog/up-front/2018/10/19/place-based-policies-for-shared-economic-growth/> (offering evidence-based, place-based policy proposals around job subsidies in poor areas; retargeting of federal grants to states and localities for greater responsiveness to need and recessions; enhanced university research and local industry alignment; and application of development economics and institutional analysis to poverty reduction); DAVID NEUMARK & HELEN SIMPSON, FED. RSRV. BANK OF S.F., *DO PLACE-BASED POLICIES MATTER?* 2–4 (2015), <http://www.frbsf.org/economic-research/files/el2015-07.pdf> (distinguishing between effective and less effective place-based policy strategies); SCOTT ANDES, NAT’L LEAGUE OF CITIES, *PLACE-BASED POLICIES FOR AMERICA’S INNOVATION ECONOMY* 23–24 (Patrick Watson ed., 2019) (outlining strategies for the federal government to support an innovation economy at a local level).

164. Considering both combines our “head” and “heart” (that is, the persons who make up the context of our communities). See Steven Cummins et al., *Understanding and Representing ‘Place’ in Health Research: A Relational Approach*, 65 SOC. SCI. & MED. 1825, 1830 (2007) (“A further implication of the relational perspective is that we also need to incorporate information about settings that are drawn from reported views of residents, as well as from independently measured indicators of local conditions.”).

combined top-down and bottom-up approach.¹⁶⁵ Further, this contextual structural-change work proceeds holistically across systems. This is especially important when confronting the inequity in the status quo:

Recent findings that the intergenerational transmission of income is lower for [B]lacks than for their white counterparts at all levels of income, and that the same is true for neighborhood quality regardless of wealth, suggest that policies successfully addressing the racial labor income and wealth gaps will have to address a broad set of issues.¹⁶⁶

Notably, this reinforces the value in the proposed multi-system—and ultimately inter- and trans-system—approach.¹⁶⁷ Within key systems, what types of policies might help?

3. By System¹⁶⁸

a. Health

Well-designed and operationalized health systems are critical to community health, not simply for institution-based services but also for beyond-institutional-walls initiatives.¹⁶⁹ Institutions may respond in several ways to these realizations. For example, a health system might provide supported housing for homeless populations in order to stop the revolving door of emergency care.¹⁷⁰ Law incentivizes efforts like these

165. The bottom-up vision looks to neighborhood factors and engagement. *See, e.g.*, Paul Bernard et al., *Health Inequalities and Place: A Theoretical Conception of Neighbourhood*, 65 *SOC. SCI. & MED.* 1839, 1841 (2007) (conceptualizing the neighborhood as a “place” of focus). Critically, however, the top-down approach ensures we look at the structures at city, state, and federal levels that allow inequality to endure. *See* Jamie Pearce, *Invited Commentary: History of Place, Life Course, and Health Inequalities—Historical Geographic Information Systems and Epidemiologic Research*, 181 *AM. J. EPIDEMIOLOGY* 26, 28 (2014) (arguing for development of “historical geographic information systems” to investigate connections between place and health); Lisel A. O’Dwyer et al., *Do Area-Based Interventions to Reduce Health Inequalities Work? A Systematic Review of Evidence*, 17 *CRITICAL PUB. HEALTH* 317, 332–33 (2007) (arguing for stronger studies on place-based approaches, with greater attention to the boundaries of the “place”). For more on the admittedly complex, but much richer and more sensitive analytic approach, see Cummins et al., *supra* note 164, at 1835 (“Recognizing that individuals can become relationally embedded in multiple health damaging and health promoting environments, across time and space, and at multiple scales is crucial if we are to further understand the importance of ‘place’ in the generation of health inequalities.”).

166. Dionissi Aliprantis & Daniel Carroll, *What Is Behind the Persistence of the Racial Wealth Gap?*, *FED. RSRV. BANK OF CLEVELAND: ECON. COMMENT.* (Feb. 28, 2019) (internal citations omitted), <https://www.clevelandfed.org/newsroom-and-events/publications/economic-commentary/2019-economic-commentaries/ec-201903-what-is-behind-the-persistence-of-the-racial-wealth-gap.aspx>.

167. *See supra* Sections II.A.2.a–c.

168. As with other itemized examples in this Article, these interventions are illustrative, not exhaustive.

169. *See, e.g.*, T.R. Goldman, *Building Healthy Communities Beyond the Hospital Walls*, 33 *HEALTH AFFS.* 1887, 1889 (2014).

170. *See, e.g.*, Vanessa Schick et al., *Integrated Service Delivery and Health-Related Quality of Life of Individuals in Permanent Supportive Housing Who Were Formerly Chronically Homeless*, 109 *AM. J. PUB. HEALTH* 313, 316–17 (2019); Ehren Dohler et al., *Supportive Housing Helps Vulnerable People Live and Thrive in the Community*, *CTR. ON BUDGET & POL’Y PRIORITIES* (May 31,

by, for example, requiring that health systems routinely conduct community health needs assessments, with the relevant “community” more broadly defined than the hospital population.¹⁷¹

Medicaid—the program responsible for a significant amount of access to health care by low-income populations¹⁷²—presents another interesting avenue of exploration. Consider the use of Medicaid funds to address social service needs. Examples include using funds to assist Medicaid beneficiaries with enrollment in other social service programs, such as SNAP, under billable “case management” services,¹⁷³ building on the flexibility in § 1115 waivers to cover nonmedical services as part of holistic care,¹⁷⁴ or incorporating requirements to address SDOH in managed care contracts.¹⁷⁵

b. Education

Moving beyond the health system, education is another system routinely identified as influencing health.¹⁷⁶ For more positive impact, school systems could, for example, design innovative approaches to advance health in recognition of its importance on educational achievement. Responses might range from the narrow, such as community gardens that address nutritional concerns,¹⁷⁷ to the much more expansive, such as the Harlem Children’s Zone where neighborhoods “wrap-around” children for enhanced learning and living.¹⁷⁸ Harnessing policy helps these efforts succeed.¹⁷⁹

Infusion of trauma-informed approaches in educational settings also holds great promise. Recognizing the importance of the early school

2016), <https://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community>; Pauline Bartolone, *Hospitals Invest in Housing for Homeless to Reduce ER Visits*, HEALTHCARE FIN. NEWS (Oct. 18, 2017), <https://www.healthcarefinancenews.com/news/hospitals-invest-housing-homeless-reduce-er-visits>.

171. See 26 U.S.C. § 501(r)(3) (2018); KEVIN BARNETT, PUB. HEALTH INST., BEST PRACTICES FOR COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY DEVELOPMENT: A REVIEW OF SCIENTIFIC METHODS, CURRENT PRACTICES, AND FUTURE POTENTIAL 18–20 (2012).

172. See 42 U.S.C. § 1396 (2018).

173. See *Medicaid’s Role*, *supra* note 23; 42 U.S.C. § 1396n(g)(2)(A).

174. See 42 U.S.C. § 1315; DIANA CRUMLEY ET AL., CTR. FOR HEALTH CARE STRATEGIES, ADDRESSING SOCIAL DETERMINANTS OF HEALTH VIA MEDICAID MANAGED CARE CONTRACTS AND SECTION 1115 DEMONSTRATIONS 4–5 (2018); *Medicaid’s Role*, *supra* note 23. For examples of innovative state uses of this waiver authority, see CRUMLEY ET AL., *supra*, at 8–11 tbl.1.

175. CRUMLEY ET AL., *supra* note 174, at 12–20.

176. Les Picker, *The Effects of Education on Health*, NAT’L BUREAU OF ECON. RSCH. (Mar. 2007), <https://www.nber.org/digest/mar07/effects-education-health>; see also Austin Frakt, *Does Your Education Level Affect Your Health?*, N.Y. TIMES (June 3, 2019), <https://www.nytimes.com/2019/06/03/upshot/education-impact-health-longevity.html>.

177. See, e.g., CAL. SCH. GARDEN NETWORK, GARDENS FOR LEARNING 29–30 (2010); Leah Shafer, *Let It Grow*, HARV. GRADUATE SCH. OF EDUC. (July 31, 2018), <https://www.gse.harvard.edu/news/uk/18/07/let-it-grow>.

178. HARLEM CHILD.’S ZONE, WHATEVER IT TAKES: A WHITE PAPER ON HARLEM CHILDREN’S ZONE 4 (2014) [hereinafter H CZ].

179. See *id.* at 4–6; *Our Programs*, HARLEM CHILD.’S ZONE, <https://hcz.org/our-programs/#education> (last visited Nov. 7, 2020).

years, policies supporting quality early care and learning settings¹⁸⁰ or universal pre-K¹⁸¹ should be supported. Spanning education and justice, other beneficial policies seek to end a zero-tolerance approach that contributes to a school-to-prison pipeline, which approach has particular disparate impact.¹⁸² Critically, these policy efforts benefit more than individual children and youth and their families; they also advance the health and well-being of communities who benefit from educated children who grow into employed, tax-paying adults.¹⁸³

c. Housing

Lack of stable, safe, and healthy housing also negatively impacts the health and well-being of families and of neighborhoods and their larger communities.¹⁸⁴ Policy interventions, such as adopting Crime Prevention through Environmental Design (CPTED)¹⁸⁵ or other healthy housing principles in housing codes,¹⁸⁶ can assist in and across each of these areas. The 2016 book *Evicted*¹⁸⁷ explored the hardships created in Milwaukee, Wisconsin, by housing instability. The book concluded with policy suggestions to turn individual stories into upstream change, specifically through a universal housing voucher program.¹⁸⁸ These are a few of the policies focused on housing that could also enhance health and equity.

180. Katie Statman-Weil, *Creating Trauma-Sensitive Classrooms*, 70 YC YOUNG CHILD. 72, 72–73 (2015).

181. *Pre-K Matters*, URB. CHILD INST., <http://www.urbanchildinstitute.org/resources/policy-briefs/pre-k-matters> (last visited Nov. 7, 2020); *Quality Pre-K*, CITY OF PHILA., <https://www.phila.gov/programs/quality-pre-k/> (last visited Nov. 7, 2020); see also discussion *supra* Part I.

182. Farnel Maxine, *Zero-Tolerance Policies and the School to Prison Pipeline*, SHARED JUST. (Jan. 18, 2018), <http://www.sharedjustice.org/domestic-justice/2017/12/21/zero-tolerance-policies-and-the-school-to-prison-pipeline/>; *Ending the School to Prison Pipeline*, NAT'L EDUC. ASS'N EDJUSTICE, <https://neadjustice.org/social-justice-issues/ending-the-school-to-prison-pipeline/> (last visited Nov. 7, 2020).

183. See NOAH BERGER & PETER FISHER, ECON. ANALYSIS & RSCH. NETWORK, A WELL-EDUCATED WORKFORCE IS KEY TO STATE PROSPERITY 9–11 (2013).

184. COMM'N TO BUILD A HEALTHIER AM., ROBERT WOOD JOHNSON FOUND., WHERE WE LIVE MATTERS FOR OUR HEALTH: THE LINKS BETWEEN HOUSING AND HEALTH 2 (2008).

185. *Crime Prevention Through Environmental Design Training Program*, NAT'L CRIME PREVENTION COUNCIL, <https://www.ncpc.org/resources/home-neighborhood-safety/crime-prevention-through-environmental-design-training-program/> (last visited Nov. 8, 2020); Julia Ryan, *What is CPTED and How Can It Help Your Community?*, BJA NTTAC: TTA TODAY BLOG (July 10, 2014), <https://bjatta.bja.ojp.gov/media/blog/what-cpted-and-how-can-it-help-your-community>.

186. See, e.g., AM. PUB. HEALTH ASS'N, NAT'L CTR. FOR HEALTHY HOUS., NATIONAL HEALTHY HOUSING STANDARD 1 (2014).

187. MATTHEW DESMOND, *EVICTED: POVERTY AND PROFIT IN THE AMERICAN CITY* 308–13 (2016). For more information on vouchers, see *Housing Choice Vouchers Fact Sheet*, U.S. DEP'T OF HOUS. & URB. DEV. [hereinafter HUD], https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/about/fact_sheet (last visited Nov. 8, 2020).

188. DESMOND, *supra* note 187, at 308–13.

d. Justice System Involvement

Justice system involvement may result from the failure of other systems to address community trauma's impact on individuals and families.¹⁸⁹ Moreover, regardless of how an individual entered the justice system, the system itself often traumatizes those within it.¹⁹⁰ Trauma-informed structural interventions address these justice-involved individuals and families but also seek to motivate non-justice system reform to prevent justice involvement.¹⁹¹ For example, restorative justice approaches address relational harm while also addressing wrongdoing, seeking to repair relationships and reintegrate people into communities.¹⁹² Other approaches focus on alternatives to detention.¹⁹³ Policies to end zero tolerance in schools¹⁹⁴ or to treat mental health earlier and more holistically¹⁹⁵ represent how other systems can prevent the trauma and isolation of justice involvement, a trauma that ripples across communities.

e. Employment

For most people, holding a job that provides a livable wage, promotes a sense of self-worth, and offers opportunities for growth is the difference between leading a life-well-lived and a

189. Sandra D. Lane et al., *Neighborhood Trauma Due to Violence: A Multilevel Analysis*, 28 J. HEALTH CARE POOR & UNDERSERVED 446, 454–55 (2017) (“Exposure to community violence and unaddressed trauma have been shown to be significant risk factors for future perpetration of crime and violence.”).

190. STEVE OLSON & KAREN M. ANDERSON, THE NAT’L ACADS. OF SCI., ENG’G, & MED., THE EFFECTS OF INCARCERATION AND REENTRY ON COMMUNITY HEALTH AND WELL-BEING: PROCEEDINGS OF A WORKSHOP 5–8, 11–12 (2020).

191. See JESSE JANNETTA & CAMERON OKEKE, URB. INST., STRATEGIES FOR REDUCING CRIMINAL AND JUVENILE JUSTICE INVOLVEMENT 16–17 (2017).

192. OFF. OF JUV. JUST. & DELINQ. PREVENTION, RESTORATIVE JUSTICE 1 (2010) [hereinafter OJJDP], https://www.ojjdp.gov/mpg/litreviews/Restorative_Justice.pdf; see *Restorative Justice as an Alternative to the Juvenile Justice System*, NAT’L CONFLICT RESOL. CTR., <https://www.ncrconline.com/mediation-conflict-resolution/restorative-practices/restorative-practices-juvenile-justice-system> (last visited Nov. 8, 2020); David Wexler, *Restorative Justice and Therapeutic Jurisprudence: All in the Family*, in RESTORATIVE JUSTICE TODAY: PRACTICAL APPLICATIONS 27, 27–29 (Katherine S. van Wormer & Loren Walker eds., 2013).

193. See THE ANNIE E. CASEY FOUND., JUVENILE DETENTION ALTERNATIVES INITIATIVE: PROGRESS REPORT 2014 at 4 (2014). Use of problem-solving courts, such as mental health courts, also prioritize health and trauma-based intervention over punitive incarceration. See, e.g., PAMELA M. CASEY ET AL., NAT’L CTR. FOR STATE COURTS, PROBLEM-SOLVING JUSTICE TOOLKIT 4 (2007), <https://ncsc.contentdm.oclc.org/digital/collection/spcts/id/147/>.

194. See, e.g., Am. Psych. Ass’n Zero Tolerance Task Force, *Are Zero Tolerance Policies Effective in the Schools? An Evidentiary Review and Recommendations*, 63 AM. PSYCH. 852, 857 (2008).

195. See, e.g., William H. Fisher et al., *Beyond Criminalization: Toward a Criminologically Informed Framework for Mental Health Policy and Services Research*, 33 ADMIN. & POL’Y MENTAL HEALTH & MENTAL HEALTH SERVS. RSCH. 544, 546, 548, 550 (2006) (arguing for applying broadened frameworks of “life course,” “local live circumstances,” and “routine activities” perspectives to address mental health needs related to criminal activity risk factors); Patricia M. Herman et al., *Cost-Benefit Analysis of a Preventive Intervention for Divorced Families: Reduction in Mental Health and Justice System Service Use Costs 15 Years Later*, 16 PREVENTION SCI. 586, 586 (2015).

life-barely-getting-by.¹⁹⁶ Employment impacts health, too, and not simply because of access to employer-based health insurance or an income to cover health services.¹⁹⁷ Employment also creates a sense of self-worth and self-sufficiency, which enhances a sense of agency and well-being.¹⁹⁸ Unfortunately, many adults with justice involvement experience barriers to employment.¹⁹⁹ Certain policy approaches, such as expungement efforts, directly address these barriers by aiming to advance community employment goals.²⁰⁰ Additionally, on the education side, we see policies to advance worker training and retraining to match skillsets to the jobs of today and tomorrow.²⁰¹ Other laws open the door to full, meaningful employment by people often left behind from the benefits of employment (e.g., persons with disability).²⁰²

The community trauma frame—with its attentiveness to the whole of the community—next requires uniting the through-lines of these intra-system measures to create intersystem change efforts. A strictly rational vision would perhaps look at this intersystem change effort additively to arrive at an overarching metapolicy response. However, this approach risks missing the messy but spirited community of change in which this policy work takes place. Rather, what does this look like on the ground, rather than from a bird's eye view? Consider the critical issues confronting cities across the United States.

196. See Andrea Kay, *At Work: Job, Self-Esteem Tied Tightly Together*, USA TODAY (Aug. 31, 2013, 12:57 PM), <https://www.usatoday.com/story/money/columnist/kay/2013/08/31/at-work-self-esteem-depression/2736083/>; Victor G. Devinatz, *The Significance of the Living Wage for US Workers in the Early Twenty-First Century*, 25 EMP. RESPS. & RTS. J. 125, 126 (2013); *Living Wage Laws: Answers to Frequently Asked Questions*, AFL-CIO DEP'T OF PUB. POL'Y, <http://digitalcommons.ilr.cornell.edu/laborunions/27/> (last visited Nov. 7, 2020).

197. See Jerome M. Adams, *Improving Individual and Community Health Through Better Employment Opportunities*, HEALTH AFFS.: BLOG (May 8, 2018), <https://www.healthaffairs.org/doi/10.1377/hblog20180507.274276/full/>; *How Does Employment, or Unemployment, Affect Health?*, ROBERT WOOD JOHNSON FOUND. (Mar. 12, 2013), <https://www.rwjf.org/en/library/research/2012/12/how-does-employment--or-unemployment--affect-health.html>.

198. See, e.g., NANETTE GOODMAN, THE IMPACT OF EMPLOYMENT ON THE HEALTH STATUS AND HEALTH CARE COSTS OF WORKING-AGE PEOPLE WITH DISABILITIES, LEAD CENTER 2, 4 (2015).

199. See Chidi Umez & Rebecca Pirus, *Barriers to Work: People with Criminal Records*, NAT'L CONF. OF STATE LEGISLATURES (July 17, 2018), <https://www.ncsl.org/research/labor-and-employment/barriers-to-work-individuals-with-criminal-records.aspx>.

200. See Brian M. Murray, *A New Era for Expungement Law Reform? Recent Developments at the State and Federal Levels*, 10 HARV. L. & POL'Y REV. 361, 373–76 (2016).

201. See, e.g., Iris Hentze, *Apprenticeships as a Workforce Retraining Strategy*, NCSL: THE NCSL BLOG (Nov. 14, 2017) [hereinafter NCSL], <https://www.ncsl.org/blog/2017/11/14/apprenticeships-as-a-workforce-retraining-strategy.aspx>.

202. See, e.g., Americans with Disability Act of 1990, Pub. L. 101-336, 104 Stat. 327 (1990) (codified as amended at 42 U.S.C. § 12101); see also ELIZABETH WHITEHOUSE ET AL., OFF. OF DISABILITY EMP. POL'Y, WORK MATTERS: A FRAMEWORK FOR STATES ON WORKFORCE DEVELOPMENT FOR PEOPLE WITH DISABILITIES 10–12 (2016) (describing state policy efforts to advance inclusive, full employment opportunities).

D. Applying the Community Trauma Frame: The City Experience

Building “will” is an important component of social innovation. *If an idea is to reach its potential scale, the majority of people must recognize how it affects their everyday lives. Cities play a role not only in sharing a vision for poverty reduction, but also in bringing the voices of their neighbors to the discussion. In this way, they can show in real time how people are benefiting and demonstrate how poverty reduction improves their lives and their community.*²⁰³

1. The “Trauma” in Cities

“We need to shift much of our focus away from Washington and direct it to places that really matter.”²⁰⁴ Regardless of one’s political leanings, case studies suggest the growing importance of the local to effect change, perhaps simply because local leaders are closer to their constituents’ pain, with political and pragmatic reasons to address such pain.²⁰⁵ Moving from abstraction to reality, consider the situation in cities across the United States, such as Memphis, Tennessee; Oakland, California; Minneapolis, Minnesota; Chicago, Illinois; and Philadelphia, Pennsylvania.²⁰⁶ A legacy of inequitable, disparate outcomes endure in the lived experiences behind the statistics—and operation of systems—in cities like these, often resulting in the fatalistic “story of a city that’s stuck.”²⁰⁷

203. ADAM VASEY, TAMARACK INST., *THE STATE OF CITIES REDUCING POVERTY* 34 (2018) (emphasis added).

204. Mason B. Williams, *Can Cities Save America?*, N.Y. TIMES (Feb. 25, 2020), <https://www.nytimes.com/2020/02/25/books/review/the-nation-city-rahm-emanuel.html> (quoting Rahm Emanuel, former Mayor of Chicago); see RAHM EMANUEL, *THE NATION CITY: WHY MAYORS ARE NOW RUNNING THE WORLD* 11–13 (2020).

205. See, e.g., LAUDAN ARON ET AL., URB. INST., *ADDRESSING DEEP AND PERSISTENT POVERTY: A FRAMEWORK FOR PHILANTHROPIC PLANNING AND INVESTMENT* 16 (2013).

Local place-based efforts can be powerful vehicles for testing new interventions, identifying essential systems reforms, and moving state- and national-level policies. Many successful current antipoverty programs originated in specific communities across the country. For example, unemployment insurance and workers’ compensation policies that now span the nation first originated in Wisconsin, and the Housing First model for chronically homeless adults was pioneered in the early 1990s in New York City.

Id.; see also Bradley D. Hunter et al., *The Importance of Addressing Social Determinants of Health at the Local Level: The Case for Social Capital*, 19 HEALTH & SOC. CARE CMTY 522, 522–527 (2011) (discussing localized efforts to address SDOH).

206. See Samuel Stebbins & Evan Comen, *These are the 15 Worst Cities for Black Americans*, USA TODAY (Nov. 16, 2018, 6:00 AM) (discussing the cities chosen as representative of some of the “trauma” facing local communities and local policy innovations, i.e., this article’s trauma-informed structural interventions that are being developed to address the trauma).

207. Erica R. Williams, *Poverty in Memphis: ‘It’s the Story of a City that’s Stuck’*, TRI-STATE DEF. MEMPHIS (Mar. 3, 2018), <https://tri-statedefender.com/poverty-in-memphis-its-the-story-of-a-city-thats-stuck/03/01/> (quoting Dr. Kenneth S. Robinson, CEO of the United Way of the Mid-South).

a. City Statistics

Income inequality plagues cities across the United States, especially larger urban areas.²⁰⁸ This inequality also varies by race, with Black individuals experiencing greater economic disparity.²⁰⁹ Further, unsurprisingly, place matters not simply across the United States,²¹⁰ but within cities. For example, data from 2010 to 2014 reveal that 72.9% of the population of the Memphis metro area lived in areas with a greater than 20% poverty rate.²¹¹ Certain neighborhoods had well over 60% poverty rates.²¹² Critically, “while the number of high poverty census tracts almost doubled [between 1970–2010] . . . the population only increased 11%.”²¹³ That is, while wealthier—often non-Hispanic white—residents head towards suburbs, those who stay behind in many parts of Memphis are increasingly poorer, giving those parts less of a tax base and community on which to rely for help.²¹⁴ And this pattern of intracity economic inequity is not unique to Memphis; it exists in cities where middle class populations head to suburbs, leaving the income extremes in the city.²¹⁵ These statistics are reflected across systems.²¹⁶ What follows is an exploration of this Article’s selected cities, matching a single city with a single system. It is inevitably lacking in full detail or the richness of a commu-

208. See Jaison R. Abel & Richard Deitz, *Why Are Some Places So Much More Unequal Than Others?*, 25 FED. RESRV. BANK N.Y. ECON. POL’Y REV. 58, 58–61 (2019); Natalie Holmes & Alan Berube, *City and Metropolitan Inequality on the Rise, Driven by Declining Incomes*, BROOKINGS INST. (Jan. 14, 2016), <https://www.brookings.edu/research/city-and-metropolitan-inequality-on-the-rise-driven-by-declining-incomes/>.

209. See, e.g., NAT’L URB. LEAGUE, *SAVE OUR CITIES: POWERING THE DIGITAL REVOLUTION: STATE OF BLACK AMERICA 10* (2018) (explaining that rather than 100% equality, Black equality was only 72.5% of that of whites, based on economic, health, education, justice, and engagement factors); Stebbins & Comen, *supra* note 206 (documenting fifteen worst cities for Black individuals, especially those with histories of systemic racial segregation, e.g., Chicago and Minneapolis).

210. See, e.g., Richard Florida, *How the 1 Percent Is Pulling America’s Cities and Regions Apart*, BLOOMBERG (Apr. 3, 2019, 5:00 AM), <https://www.citylab.com/equity/2019/04/economic-inequality-geographic-divide-map-census-income-data/586222/> (quoting a study that finds that the “middle” is disappearing as more individuals live in rich or poor metros areas).

211. *Attacking Memphis’ Malignant Problem, Poverty*, SMART CITY MEMPHIS (Feb. 21, 2014), <https://www.smartcitymemphis.com/2014/02/attacking-the-serious-drag-on-the-memphis-economy/>.

212. See *id.*

213. *It’s Poverty, Not Gentrification, That’s the Problem*, SMART CITY MEMPHIS (Apr. 25, 2016), <http://www.smartcitymemphis.com/2016/04/17325/>; see also JOE CORTRIGHT & DILLON MAHMOUDI, *LOST IN PLACE: WHY THE PERSISTENCE AND SPREAD OF CONCENTRATED POVERTY—NOT GENTRIFICATION—IS OUR BIGGEST URBAN CHALLENGE* 16, 18 (2014).

214. See CORTRIGHT & MAHMOUDI, *supra* note 213, at 8; *QuickFacts Memphis City, TN*, U.S. CENSUS BUREAU, <https://www.census.gov/quickfacts/fact/table/memphiscitytennessee/RHI225218#RHI225218> (last visited Nov. 7, 2020) (citing recent Census data that puts the city’s Black population at 64.2%, while the non-Hispanic white population is 29.1% and Hispanic/Latino at 7.2%).

215. Wei Lu & Alexandre Tanzi, *In America’s Most Unequal City, Top Households Rake in \$663,000*, BLOOMBERG (Nov. 21, 2019, 3:00 AM), <https://www.bloomberg.com/news/articles/2019-11-21/in-america-s-most-unequal-city-top-households-rake-in-663-000> (noting that Atlanta, GA, remained the top city for income inequality in 2019, with Memphis, Chicago, and Philadelphia also represented as particularly unequal).

216. See Jenny Schuetz et al., *Are Central Cities Poor and Non-White?* 1 (Fin. & Econ. Discussion Series, Paper No. 031, 2017), <https://www.federalreserve.gov/econres/feds/files/2017031pap.pdf>.

nity's experience but is simply meant to be illustrative of the systemic trauma confronting communities.

b. By System

i. Health

According to the Economic Hardship Index, which scores communities on six key SDOH, city of Memphis zip codes reflecting economic hardship also fall along the middle-to-high ends of health-impacting hardship.²¹⁷ The thousands of residents living in these hard-hit areas of the city experience life expectancies up to thirteen years shorter than wealthier zip codes.²¹⁸ Unsurprisingly, residents in these areas also have low rates of health insurance²¹⁹ and lack access to sufficient health care providers or healthy food sources.²²⁰ Other data singles out the negative impact of poverty and race on health outcomes. For example, child asthma rates in Memphis disparately impact children living in poverty and by race.²²¹ Black women have lower screening rates for breast cancer despite increased risk.²²² Diabetes also plagues Memphians at higher rates than it affects individuals at the state or national level.²²³ These figures exemplify economic and racial inequity in health care access and out-

217. Ashley Brantley, *Memphis & Shelby County Health Brief*, BETTER TENN. (May 21, 2018), <https://bettertennessee.com/memphis-shelby-county-health-brief/> (stating that the six SDOH are unemployment, dependency, education, income, crowded housing, and poverty).

218. Tom Charlier, *Death by Zip Code: In Shelby County, Life Expectancy Varies up to 13 Years Depending on Where You Live*, MEMPHIS COM. APPEAL (Mar. 12, 2018, 6:05 AM), <https://www.commercialappeal.com/story/news/2018/03/12/memphis-shelby-county-life-expectancy-varies-321264002/> (describing Shelby County Health Department findings and quoting Dr. Scott Morris, “[y]our ZIP code determines your health outcomes more than your genetic code”).

219. See *QuickFacts Memphis City, TN*, *supra* note 214 (citing that the city generally has a 16.4% uninsured rate); see also Sarah Macaraeg, *More Than 100,000 People in Shelby County Are Facing a Pandemic Without Health Insurance*, MEMPHIS COM. APPEAL (Mar. 18, 2020, 9:46 PM), <https://www.commercialappeal.com/story/news/2020/03/18/more-than-100-000-uninsured-shelby-county-tennessee-amid-coronavirus-pandemic/5058411002/>.

220. Charlier, *supra* note 218.

221. See Sarah Macaraeg, *Understanding What's Behind Health Disparities Among Tennessee Children*, CTR. FOR HEALTH JOURNALISM (Oct. 31, 2019), <https://www.centerforhealthjournalism.org/2019/10/10/understanding-what-s-behind-health-disparities-among-tennessee-children>; Eun Kyong Shin & Arash Shaban-Nejad, *Urban Decay and Pediatric Asthma Prevalence in Memphis, Tennessee: Urban Data Integration for Efficient Population Health Surveillance*, 6 IEEE ACCESS 46281, 46285–87 (2018).

222. See Shelley White-Means et al., *Who Can Help Us on This Journey? African American Woman with Breast Cancer: Living in a City with Extreme Health Disparities*, 17 INT'L J. ENV'T RSCH. & PUB. HEALTH 1126, 1127 (2020); Kushal Patel et al., *Factors Influencing Breast Cancer Screening in Low-Income African Americans in Tennessee*, 39 J. CMTY. HEALTH 943, 943–44 (2014).

223. Ashley Brantley, *7 Things You Don't Know About Health in Memphis*, BETTERTENN. (Dec. 20, 2018), <https://bettertennessee.com/7-things-you-dont-know-about-health-in-memphis/> (“[D]iabetes negatively affects quality of life in Shelby County for 6.4% of people, which is higher than both the state (5.9%) and national (5.5%) rates.”).

comes. This disparity “boils down to barriers created by the people in power that affect people with no power.”²²⁴

ii. Education

Put simply, high-poverty communities tend to get fewer school dollars than more advantaged ones; majority-minority districts usually get less than whiter ones; and poor, nonwhite communities are disadvantaged twice over when it comes to school funding. In fact, almost 9 million students in America—one in five public schoolchildren—live virtually across the street from a significantly whiter and richer school district. For every one student enrolled in a whiter and richer district in our study, three of their neighbors are left behind in lower-funded schools serving far more nonwhite students.²²⁵

Oakland, California, exemplifies this disparity; the Oakland Unified School District (OUSD) has an 18% student poverty rate and 90% of its student population is nonwhite.²²⁶ Contrast this with the neighboring Piedmont City School District, with a poverty rate of 2%, percentage of nonwhites at 40%, and with \$5,000 more spending per pupil.²²⁷ Unfortunately, “the ZIP code in which [children are] raised dictate that they have less funding in their schools.”²²⁸ Breaking down the OUSD further, Black children and youth compose roughly 30% of the OUSD enrollment.²²⁹ These students disproportionately experience gaps in academic achievement: For example, Black males make up 17% of total enrollment and 30% of high school students, but account for 42% of its suspensions.²³⁰ Twenty-two percent of Black male students were “chronically absent,” meaning they missed more than 10% of the school year.²³¹

224. *Table of Experts: A Conversation on Disparity in Health Care*, MEM. BUS. J. (Apr. 29, 2019), <https://www.bizjournals.com/memphis/feature/table-of-experts/table-of-experts-a-conversation-on-disparity-in.html> (quoting Michelle Gilchrist, Chief Executive Officer for the National Foundation for Transplants).

225. *Dismissed: America’s Most Divisive Borders*, EDBUILD, <https://edbuild.org/content/dismissed> (last visited Nov. 7, 2020); see also Reardon et al., *supra* note 53, at 1, 34–35 (“[R]acial segregation appears to be harmful because it concentrates minority students in high-poverty schools, which are, on average, less effective than lower-poverty schools.”).

226. *PHOTOS: Where the Kids Across Town Grow up with Very Different Schools*, NPR (July 25, 2019, 11:06 AM), <https://www.npr.org/2019/07/25/739494351/separate-and-unequal-schools> (quoting John Sasaki, a spokesman for the Oakland School District).

227. *Id.*

228. *Id.*

229. Lydia Lum, *Oakland Achievement Gap Initiative Gains Momentum*, OAKLAND UNIFIED SCH. DIST., <https://www.ousd.org/site/default.aspx?PageType=3&ModuleInstanceID=13877&ViewID=7b97f7ed-8e5e-4120-848f-a8b4987d588f&RenderLoc=0&FlexDataID=11196&PageID=12582> (last visited Nov. 7, 2020).

230. *Id.* (“In 2011, about 20 percent of Black male students were suspended at least once. . .”).

231. *Id.*

Students with chronic absences face lower educational attainment, and school policies, such as suspensions, reinforce this negative trajectory.²³²

iii. Housing

Income disparities in Minneapolis, Minnesota, impact housing access disparity, especially for communities of color.²³³ Consider these statistics:

- 37% of Minneapolis households are cost-burdened (i.e., more than 30% of income goes to housing costs), with over 50% of Black households and 45% of American Indian and Hispanic households thusly cost-burdened;²³⁴
- Households of color are 36% less likely to own their own homes versus white households, with less than 21% of Black households and just under 25% of Hispanic households owning their own home.²³⁵

Disparities reflect structural racism found in federal housing policy, as expressed in local and state policies, leading to current times when “the zoning map in these areas [of higher density and mixed land use] remains largely unchanged from the era of intentional racial segregation.”²³⁶

iv. Justice System Involvement

In November 2015, a video of a white Chicago police officer fatally shooting a Black teen, Laquan McDonald, received national and local attention.²³⁷ The incident led to a national conversation about issues surrounding police officers’ interactions with people of color.²³⁸ A subsequent Chicago Police Department report showed patterns of unconstitu-

232. See, e.g., David Washburn, *Chronic Absenteeism in California Schools up Slightly, New Data Show*, EDSOURCE (Jan. 31, 2019), <https://edsources.org/2019/chronic-absenteeism-in-california-schools-up-slightly-new-data-show/607993>.

233. *Goals*, MINNEAPOLIS 2040, <https://minneapolis2040.com/goals/eliminate-disparities/> (last visited Nov. 7, 2020).

234. *Id.*

235. *Id.*

236. *Id.*

237. Camila Domonoske, *Justice Department to Investigate Chicago Police Practices*, NPR (Dec. 6, 2015, 6:21 PM), <https://www.npr.org/sections/thetwo-way/2015/12/06/458704893/justice-department-to-investigate-chicago-police-practices>.

238. See Nausheen Husain, *Laquan McDonald Timeline: The Shooting, the Video, the Verdict and the Sentencing*, CHI. TRIB. (Jan. 18, 2019, 7:22 PM), <https://www.chicagotribune.com/news/laquan-mcdonald/ct-graphics-laquan-mcdonald-officers-fired-timeline-htmlstory.html>. The police superintendent resigned in the wake of this tragic event. As this Article was in the final process of editing, George Floyd was killed by police officers in Minneapolis, sparking a national—and even international—protest movement for civil rights and social justice. The strength, vigor, and diversity of these protests in cities large and small across the United States attest to the continued critical importance of criminal justice reform for advancing equity and healing communities from the trauma of interactions with law enforcement and the justice system.

tional uses of force with a lack of proper accountability systems.²³⁹ This occurred against a backdrop of a spike in homicides in 2016, most pronounced in the city's south and west areas,²⁴⁰ predominantly Black regions of the city.²⁴¹

v. Employment

“The best public health intervention that was ever invented was a job.”²⁴² In Philadelphia County, which includes the city of Philadelphia, 5.2% of the population faces unemployment, the highest in the metropolitan area, and two percentage points above the then-national rate in 2019, an increase since the year before.²⁴³ Across Pennsylvania, Black individuals are two times more likely to be unemployed than non-Hispanic whites,²⁴⁴ with Black individuals having the highest unemployment rate in Philadelphia.²⁴⁵ Moreover, gains in employment are in lower paying job sectors, compounding wage and income inequality.²⁴⁶

Considered from both a collective and a cumulative vantage point, these inequities create daily toxic stresses for a community that hopes to enter a new era of growth with civic pride. Most damaging is the persistence of trauma—the legacy of disparate impact. However, cities are not static entities wherein history determines destiny, despite the persistent nature of inequities. Efforts exist, and continue to develop, to reshape

239. U.S. DEP'T OF JUST. CIV. RTS. DIV. & U.S. ATT'Y'S OFF. N. DIST. OF ILL., INVESTIGATION OF THE CHICAGO POLICE DEPARTMENT 5 (2017) [hereinafter CPD INVESTIGATION].

240. *Id.* at 3–4.

241. *Race and Ethnicity in South Chicago, Chicago, Illinois*, STAT. ATLAS, <https://statisticalatlas.com/neighborhood/Illinois/Chicago/South-Chicago/Race-and-Ethnicity> (last visited Nov. 7, 2020) (reporting a 78.5% Black population in the South Side); *Race and Ethnicity in Near West Side, Chicago, Illinois*, STAT. ATLAS, <https://statisticalatlas.com/neighborhood/Illinois/Chicago/Near-West-Side/Race-and-Ethnicity> (last visited Nov. 17, 2020) (reporting a 45.5% Black population in the Near West Side). For more on the racial divides in Chicago, see Alana Semuels, *Chicago's Awful Divide*, ATLANTIC (Mar. 28, 2018), <https://www.theatlantic.com/business/archive/2018/03/chicago-segregation-poverty/556649/>.

242. Charlier, *supra* note 218 (quoting David Sweat, Chief of Epidemiology and Infectious Diseases at the Shelby County Health Department).

243. *Unemployment in the Philadelphia Area by County—September 2019*, U.S. BUREAU OF LAB. STAT., https://www.bls.gov/regions/mid-atlantic/news-release/unemployment_philadelphia.htm (last updated Aug. 10, 2020).

244. Valerie Wilson, *Latest Data: Black, White, and Hispanic Unemployment Rates Defy National Lows in Some Southern and Rust Belt States*, ECON. POL'Y INST., <https://www.epi.org/indicators/state-unemployment-race-ethnicity-2019q4/> (last updated Mar. 2020). Pennsylvania's Black to White unemployment ratio is 2.2:1. *See id.* tbl.2.

245. *Philadelphia's Labor Force*, PHILA. WORKS (May 25, 2016), <https://www.philaworks.org/philadelphias-labor-force/> (reporting Black unemployment rate at 17.7%, based on 2011–2013 data).

246. Larry Eichel & Seth Budick, *Philadelphia Job Growth Not Closing Wage Gap Between Residents and Suburban Commuters*, PEW (Aug. 13, 2019), <https://www.pewtrusts.org/en/research-and-analysis/articles/2019/08/13/philadelphia-job-growth-not-closing-wage-gap-between-residents-and-suburban-commuters>.

structures to address trauma through policy intervention across multiple systems.²⁴⁷

2. Moving Forward as a Community: Policy Action by System

Local communities can and must address inequality, notwithstanding the importance of federal support to ensure these efforts reach maximum potential.²⁴⁸ Communities can do things like increasing the minimum wage; providing access to low-cost financial services (and not payday loans); investing in education, especially early and vocational; and ending residential segregation by class and race.²⁴⁹ Consider potential policy reforms in discrete systems, tracking the single-city and single-system approach from above.

a. Health

Applying a national model that adds lawyers to interprofessional health care teams,²⁵⁰ Memphis launched its Medical-Legal Partnership (MLP), Memphis CHiLD, in the fall of 2015.²⁵¹ MLPs seek to enhance health by leveraging the power of law and legal actors to tackle systemic barriers to health such as unenforced housing codes, under-resourced IEPs, or under-utilized health and social service supports.²⁵² Memphis CHiLD advocates for families with needs ranging from special education services, transitioning to the adult health system, and finding and affording safe, healthy housing.²⁵³ As of this writing, Memphis CHiLD had nearly 2,100 referrals since its September 2015 launch, with most cases related to personal and family stability (33% of cases); insurance and income (25% of cases); education and employment (20% of cases); or

247. See Katie Pyzyk, *5 Cities Finalize Strategies to Address Inequity and Inequality*, SMARTCITIES DIVE (July 11, 2018), <https://www.smartcitiesdive.com/news/cities-strategies-inequity-inequality-dallas-oakland-pittsburgh-st-louis-tulsa/527483/>. The proffered policy approaches provide a snapshot of the various efforts underway (or planned), meant to be illustrative of the different types of policy options with systems.

248. See Benjamin Clayton, *Five Steps Cities Can Take to Tackle Inequality*, CTR. FOR PUB. IMPACT (Mar. 1, 2018), <https://www.centreforpublicimpact.org/five-steps-cities-inequality/> (offering an international perspective).

249. John A. Powell, *Six Policies to Reduce Economic Inequality*, OTHERING & BELONGING INST., <https://belonging.berkeley.edu/six-policies-reduce-economic-inequality> (last visited Nov. 7, 2020).

250. See, e.g., NAT'L CTR. FOR MED.-LEGAL P'SHIP, <https://medical-legalpartnership.org/> (last visited Nov. 7, 2020) ("Medical-legal partnerships integrate the unique expertise of lawyers into health care settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities.").

251. See *Medical-Legal Partnership Clinic*, THE UNIV. OF MEM. CECIL C. HUMPHREYS SCH. OF L., <https://www.memphis.edu/law/experiential-learning/mlp-clinic.php> (last visited Nov. 7, 2020).

252. See *How Legal Services Help the Health Care System Address Social Needs*, NAT'L CTR. FOR MED.-LEGAL P'SHIP [hereinafter *Social Needs*], <https://medical-legalpartnership.org/response/i-help/> (last visited Nov. 7, 2020); see also *MLP in Action: A Utilities Case Study*, NAT'L CTR. FOR MED.-LEGAL P'SHIP, <https://medical-legalpartnership.org/response/utilities-case-study/> (last visited Nov. 7, 2020) (describing a legal clinic set up in a hospital designed to help people get their heat and electricity turned back on).

253. See *Medical-Legal Partnership Clinic*, *supra* note 251; *Social Needs*, *supra* note 252.

housing and utilities (20% of cases) matters.²⁵⁴ A review of the myriad coverage areas highlights how MLPs are powerful tools for addressing SDOH.

Moving from the system as-it-is to the system that-could-be, MLPs seek to promote stronger policies to prevent poor health outcomes.²⁵⁵ In Memphis, this work benefits from the Policy Lab of the University of Memphis Law School's Institute for Health Law & Policy (iHeLP Policy Lab).²⁵⁶ The iHeLP Policy Lab works with community partners, including Memphis CHiLD, to leverage legal and other disciplinary experts to help address policy barriers to community health and well-being.²⁵⁷ This community engagement reinforces a focus on the heart of the work in driving policy interventions. For example, support in the early childhood realm includes developing policy materials that detail ways to support trauma-informed practices in early care and learning settings; highlight early childhood allocations in the state budget; and suggest areas for policy intervention to draw down maximum federal dollars and better allocate funds for trauma-informed, early intervention priorities. The iHeLP Policy Lab also developed policy guidance on ways to utilize TennCare (Tennessee's Medicaid system) dollars and flexible funding streams to cover trauma-informed preventive services.²⁵⁸ These efforts benefit from the statewide emphasis on "Building Strong Brains," which adopts an intergenerational approach in health and human services delivery.²⁵⁹

254. Letter from Kathryn Ramsey, Assistant Professor of L. & MLP Clinic Dir., Univ. of Mem. Cecil C. Humphreys Sch. of L., to author (Apr. 27, 2020) (on file with author).

255. See *Social Needs*, *supra* note 252.

256. Note: I created and directed the Institute and its Policy Lab. For more information, see *iHeLP Policy Lab*, THE UNIV. OF MEM. CECIL C. HUMPHREYS SCH. OF LAW, https://www.memphis.edu/law/ihelp/education/policy_lab.php (last visited Nov. 7, 2020).

257. See *id.*

258. See TENN. DEP'T OF HEALTH DIV. OF FAM. HEALTH & WELLNESS, TENNESSEE HOME VISITING PROGRAMS ANNUAL REPORT 6–7 (2015); *Employment and Community First Choices*, TENN. DEP'T OF INTELL. & DEVELOPMENTAL DISABILITIES, <https://www.tn.gov/didd/employment-and-community-first-choices.html> (last visited Nov. 7, 2020); see also MAIA CRAWFORD & ROB HOUSTON, CTR. FOR HEALTH CARE STRATEGIES, STATE PAYMENT AND FINANCING MODELS TO PROMOTE HEALTH AND SOCIAL SERVICE INTEGRATION 3–9 (2015) (discussing continuum of financing options); 42 C.F.R. § 440.130(c) (2020) (ruling that now states can amend state plans to provide Medicaid reimbursement for preventive services recommended by—now not simply limited to “directly provided by”—a physician or other licensed practitioner); NAT'L COLLABORATIVE ON WORKFORCE & DISABILITY, BLENDING AND BRAIDING FUNDS AND RESOURCES: THE INTERMEDIARY AS FACILITATOR 1 (2006) (describing blended funding); AMERIGROUP, TENNCARE BUNDLED PAYMENT INITIATIVE: DESCRIPTION OF BUNDLE RISK ADJUSTMENT FOR WAVE 2 EPISODES 1–3 (2015), https://providers.amerigroup.com/ProviderDocuments/TNTN_EpisodesofCareRiskMethodologyWave2.pdf.

259. See TCCY, *supra* note 46. Note how lessons learned from healthy child development might benefit communities via new financing and delivery models.

b. Education

“One in eight students in the U.S. is educated in California’s public school system, the largest state system in the country.”²⁶⁰ Facing an inequitable, complex funding system, then-Governor Jerry Brown enacted a new approach to school funding in 2013: a localized model more adaptive to local student needs.²⁶¹ Specifically, California’s Local Control Funding Formula (LCFF) “attempts to address resource inequity by (1) reallocating school finances on the basis of student disadvantage (rather than district property wealth), and (2) removing many of the restrictions on how the revenue can be spent.”²⁶² This approach takes into special consideration high-risk students and makes local resource allocation decisions accountable for student outcomes.²⁶³

This adaptable model frees up local authorities to do more to target funding in order to remedy the pernicious effects of poverty and segregation and resulting inequitable (by economic and racial metrics) achievement gaps.²⁶⁴ California’s approach represents an \$18 billion commitment over eight years.²⁶⁵ Specifically, Oakland, California, approved its associated Local Control Accountability Plan (LCAP) utilizing a \$307.9 million base and \$76.7 million in supplemental and concentration funds (for high-needs students) for 2019–2020 to meet the needs of its students, especially the 76.4% that fit in its high-needs categories.²⁶⁶ In Oakland, this targeted support especially impacts Black students, as well as those without housing.²⁶⁷

While still in its early stages, a recent analysis suggests that these investments in California increased per-pupil and instructional expenditures, with noted increases in public pre-K and special education spending.²⁶⁸ Critically, “LCFF-induced increases in school spending led to significant increases in high school graduation rates and academic achievement, particularly among poor children.”²⁶⁹ These gains benefited students across all racial and ethnic groups.²⁷⁰ Thus, structural policy

260. RUCKER C. JOHNSON & SEAN TANNER, LEARNING POL’Y INST., MONEY AND FREEDOM: THE IMPACT OF CALIFORNIA’S SCHOOL FINANCE REFORM 1 (2018).

261. *Id.*

262. *Id.*

263. *Id.*

264. *See id.* at 2.

265. *Id.*

266. OAKLAND UNIFIED SCH. DIST., MEET THE LCAP: REPORTING TO OUR COMMUNITY 11 (2019) [hereinafter LCAP BASIC], <https://drive.google.com/file/d/1kK72GXjFDrzG5LmbCtVBGZ29FtGsoDuI/view>; *see also* OAKLAND UNIFIED SCH. DIST., MEET THE LCAP: REPORTING TO OUR COMMUNITY – McCLYMONDS HIGH SCHOOL 11 (2019) [hereinafter LCAP McCLYMONDS], https://docs.google.com/presentation/d/1LIi0I1v_8-Me1bD1vuE2hwTRiZ9VE_-335F174l_B1w/edit#slide=id.g62ab328cb7_1_4002.

267. LCAP BASIC, *supra* note 266, at 18.

268. JOHNSON & TANNER, *supra* note 260, at 6.

269. *Id.* at 8.

270. *Id.* at 9.

intervention, with targeted investment attuned to local needs, stands to make a positive difference.

c. Housing

Cities across the United States face a lack of affordable, safe, healthy housing, especially in rental markets with landlord-friendly, gentrification-leaning policies.²⁷¹ However, with creative leadership, significant efforts are underway to ameliorate disparate access to this housing.²⁷² Take for example the city of Minneapolis, which in 2019 became the first city in the United States to end single-family zoning, allowing up to three units on any residential lot across the city.²⁷³ The hope of this policy is to expand access to housing in an expanding city ranked third in shortfalls of housing production, while also easing neighborhood segregation.²⁷⁴

A side effect of zoning law, intended or not, has been to separate populations by class and race.²⁷⁵ Using policy change, Minneapolis seeks to address that effect, recognizing that the change is not a “silver bullet” but is a “really important facet” in the stepwise change to greater access—and equity—in housing.²⁷⁶ And the city achieved this major policy innovation by “shifting the focus of public discussion toward the *victims* of exclusionary zoning. More important, advocates also showed public officials and their own fellow citizens just how numerous those victims are,” with “racial justice central to their message.”²⁷⁷

271. U.S. DEP’T OF HOUS. & URB. DEV. OFF. OF POL’Y DEV. & RSCH., DISPLACEMENT OF LOWER-INCOME FAMILIES IN URBAN AREAS REPORT 4–7 (2018); Richard Florida, *This Is What Happens After a Neighborhood Gets Gentrified*, ATLANTIC (Sept. 16, 2015), <https://www.theatlantic.com/politics/archive/2015/09/this-is-what-happens-after-a-neighborhood-gets-gentrified/432813/>.

272. For more on policy ideas, see Richard D. Kahlenberg, *Minneapolis saw that NIMBYism has Victims*, ATLANTIC (Oct. 24, 2019), <https://www.theatlantic.com/ideas/archive/2019/10/how-minneapolis-defeated-nimbyism/600601/>.

273. Megan Thompson & Melanie Saltzman, *How Minneapolis Became the First to End Single-Family Zoning*, PBS NEWSHOUR WEEKEND (Nov. 23, 2019, 5:24 PM) [hereinafter *Minneapolis First to End Single-Family Zoning*], <https://www.pbs.org/newshour/show/how-minneapolis-became-the-first-to-end-single-family-zoning>.

274. *Id.*; see also *Overview: Minneapolis 2040 – The City’s Comprehensive Plan*, MINNEAPOLIS 2040, <https://minneapolis2040.com/overview/> (last visited Nov. 7, 2020). The law took effect on January 1, 2020. Proponents also highlighted the environmental benefits of denser housing. See Kahlenberg, *supra* note 272.

275. Elizabeth Winkler, ‘Snob Zoning’ Is Racial Housing Segregation by Another Name, WASH. POST (Sept. 25, 2017, 7:48 AM), <https://www.washingtonpost.com/news/wonk/wp/2017/09/25/snob-zoning-is-racial-housing-segregation-by-another-name/>.

276. *Minneapolis First to End Single-Family Zoning*, *supra* note 273. Other key elements include additional funding for creation of affordable housing, “inclusionary” zoning that attaches affordable units to large apartment developments and strengthening of tenants’ rights.

277. Kahlenberg, *supra* note 272. This article explains history behind single-family zoning policies as a reaction to a 1917 United States Supreme Court decision that struck down de jure racist zoning policies, resulting in these new single-family policy approaches seeking the same de facto result. “Zoning is the new redlining,” said Kyrra Rankine, an activist who pushed for the 2040 plan. By emphasizing the racial-justice angle on single-family zoning, progressives were able to include

Moreover, advocates actively engaged the community in the process and reframed the debate with clear, visionary language of “Neighbors for More Neighbors”—a name that brilliantly evoked the shared humanity of those who want to be included in exclusive neighborhoods.”²⁷⁸ An inclusive policymaking approach reached success by including the heart, a holistic approach to a holistic vision.

d. Justice System Involvement

The city of Chicago has received negative attention for its concentrated levels of violence: inequitable numbers stubborn in the face of generally positive trends in violent crime rates.²⁷⁹ A response has been to reframe violence and at-risk behavior as public health, not strictly public safety, issues.²⁸⁰ For example, the city’s Violence Reduction Strategy includes adoption of a Crime and Victimization Risk Model by the Chicago Police Department—a public health approach to identify individuals considered at risk—either as a perpetrator or as a victim—for violence based on recent criminal records.²⁸¹ Notably, while still high, the city reported a 13% reduction in homicides in 2019 compared to 2018.²⁸²

civil-rights groups and community groups in the coalition for reform in a way that has not always happened elsewhere.” *Id.* (internal quotations omitted). The coalition also included labor groups.

278. *Id.*

279. See CHI. POLICE DEP’T, 2018 ANNUAL REPORT 50 (2019); see also Andrew V. Papachristos et al., *Understanding the Crime Gap: Violence and Inequality in an American City*, 17 CITY & COMMUNITY 1051, 1067 (2018).

This study set out to analyze the crime gap between high-crime and low-crime communities in one U.S. city with an infamous history of violence: Chicago, Illinois . . . A massive disparity in crime between neighborhoods still remains: For every 1 homicide in the lowest-crime neighborhoods there are more than 65 homicides in the highest-crime neighborhoods in 2009. In comparison, this ratio was 39 to 1 in 1991. Thus, while all communities in Chicago experienced significant crime declines, homicides continue to generate massive inequalities across urban neighborhoods.

Id. This study emphasizes how violence impacts community health, education, and family outcomes, critical for this article. See *id.* For commentary on how the city can do more and the benefits in doing more, see Vaughn Bryant et al., *Chicago Forward — Violence Reduction Goes Hand in Hand with Reaching Disconnected Youth*, CHI. TRIB. (Jan. 31, 2020, 5:00 AM), <https://www.chicagotribune.com/opinion/chicago-forward/ct-edit-chicago-forward-violence-prevention-groups-20200131-45sfoqwj6rh6njioagzrqrtqx4-story.html> (“By investing more to prevent violence, we will not only save lives but also save money that is better spent on education, health care, housing and other vital services.”).

280. See, e.g., Linda L. Dahlberg & James A. Mercy, *History of Violence as a Public Health Problem*, 11 VIRTUAL MENTOR 167, 167–72 (2009).

281. See *Violence Reduction Strategy*, CHI. POLICE DEP’T, <https://home.chicagopolice.org/information/violence-reduction-strategy-vrs/> (last visited Nov. 7, 2020). This tool helps in the Violence Reduction Strategy of outreach and greater community and prosocial engagement, developed with John Jay College of Criminal Justice. See also *Chicago Violence Reduction Strategy*, CHICAGO.GOV, <https://www.chicago.gov/content/dam/city/sites/care4community/pdf/VRS.pdf> (last visited Nov. 7, 2020) (highlighting use of a single, unified message). The Strategy was developed in 2009, with its most recent policy update in 2019. See *General Order G10-01: Gang Violence Reduction Strategy*, CHI. POLICE DEP’T (Feb. 8, 2019), <http://directives.chicagopolice.org/directives/data/a7a57bf0-136d1d31-16513-6d1d-382b311ddf65fd3a.html>.

282. Sam Kelly, *Chicago Closes Year with Double-Digit Drops in Murders, Shootings*, CHI. SUN-TIMES (Jan. 1, 2020, 2:16 AM), <https://chicago.suntimes.com/crime/2020/1/1/21045319/chicago-2019-crime-stats-decrease-murders->

Additional funding allocated for 2020 aims to continue the momentum through investments in community block-by-block engagement and trauma-informed services and interventions.²⁸³ Policy modifications to adopt a trauma-informed, public health approach built on engaged communities that lift at-risk voices stand to save individuals, especially those of color, from the deleterious impact of mass incarceration, but also to literally save lives.²⁸⁴

e. Employment

The belief that a good job is the surest path to economic security has always been at the heart of our nation’s political and social framework. Young people will soon drive our economy, and youth employment (defined here as employment for 16-to-24-year-olds) has positive implications for their future economic, academic, and health-related outcomes.

But for [B]lack and Latinx youth—who are already at a higher risk for many negative life outcomes—youth employment is yet another driver of disparities in opportunity and outcomes in a society where their prospects for socioeconomic mobility are already limited.²⁸⁵

Summer youth employment programs are one approach that local communities use to address post-recessionary unemployment, especially among youth.²⁸⁶ Improved educational attainment, increased earnings, reduced justice involvement, better health—all are hopes of these programs, especially for youth of color and those in poverty.²⁸⁷ Evidence suggests that youth who obtain summer employment build critical “academic and technical skills for long-term labor market success,” especial-

shootings-gun-violence-police-department-lightfoot. As this Article is in the final editing stages, the pandemic continues with frightening force across the United States, and civil rights protests continue, spurred by instances of police brutality and the disparate impact of COVID-19 cases and deaths. This is accompanied by a spike in gun violence and homicides in Chicago and other cities. For more information, see Grace Hauck, *Shootings Are on the Rise in Several Cities, and Children Pay the Price*, USA TODAY (July 17, 2020, 6:00 AM), <https://www.usatoday.com/story/news/nation/2020/07/17/gun-violence-shootings-rise-some-cities-across-nation/5436291002/>. These worrisome trends render more important the work of structural change via community engagement and trauma-informed approaches.

283. Kelly, *supra* note 282; Patrick Smith, *Chicago To Spend \$6M On ‘Street Outreach’ To Reduce Gun Violence*, NPR: WBEZ CHI. (Jan. 16, 2020), <https://www.npr.org/local/309/2020/01/16/796960950/chicago-to-spend-6-m-on-street-outreach-to-reduce-gun-violence>.

284. For more on local and state policy strategies to address justice involvement, see JANNETTA & OKEKE, *supra* note 191, at 2.

285. Natalie Spievack, *For People of Color, Employment Disparities Start Early*, URB. INST. (July 25, 2019), <https://www.urban.org/urban-wire/people-color-employment-disparities-start-early>.

286. The 2009 federal stimulus package set aside \$1.2 billion for states for youth employment/training, urging creation of these types of programs. See American Recovery and Reinvestment Act of 2009, Pub. L. No. 111-5, 123 Stat. 115. Other helpful federal policy includes the 2014 Workforce Innovation and Opportunity Act. See AMANDA BRIGGS ET AL., URB. INST., EMPLOYER ENGAGEMENT IN SUMMER YOUTH EMPLOYMENT PROGRAMS 3 (2019).

287. See BRIGGS ET AL., *supra* note 286, at 3.

ly for “disadvantaged youth and youth of color, suggesting that summer jobs programs may be a key intervention for combating inequities.”²⁸⁸

Philadelphia is one city that has leveraged these funds to expand summer youth employment opportunities, critical given its 34.1% teen—ages 16–19—unemployment rate, and 10% youth—ages 16–24—disconnection (disconnected youth) rate.²⁸⁹ WorkReady Philadelphia places youth ages 12–24 in six-week programs ranging from career exposure to work skills development to service learning,²⁹⁰ “explicitly aim[ing] to reduce poverty and inequity in the city.”²⁹¹ While these policy proposals are not a panacea, they help begin to address employment participation disparity through universal approaches with targeted investments.²⁹²

E. Connecting the “Neurons”

A positive take on these policy developments appreciates that policy solutions exist for structural reform and that cities can seize upon these policy opportunities, as well as innovate with their own public–private approaches. Missing too often in these efforts, however, are ways to connect policies across systems to create holistic interventions that address root causes and that base all efforts in healthy community development, where all are accountable to the community and its residents.²⁹³ This stands in contrast to the persistence of a siloed approach, or at least siloed responsibility and accountability. First, communities must demand leaders to drive structural changes. When those leaders emerge, they must coordinate the systems that can address the root causes of inequity. This gets to the why for the community trauma frame: It is a way to connect the dots across systems for holistic, stakeholder-driven reform.

288. *Id.* at 4 (internal citations omitted).

289. *Id.* at 6 tbl.1.

290. *See About WorkReady*, WORKREADY, <https://workready.org/employers> (last visited Nov. 7, 2020). In 2018, WorkReady provided over 10,000 work opportunities, including more than 1,200 paid work experiences. BRIGGS ET AL., *supra* note 286, at 7.

291. BRIGGS ET AL., *supra* note 286, at 11, 26.

292. For additional recommendations on enhancing effectiveness, see MARTHA ROSS & RICHARD KAZIS, METRO. POL’Y PROGRAM AT BROOKINGS, YOUTH SUMMER JOBS PROGRAMS: ALIGNING ENDS AND MEANS 2 (2016).

293. Such a transdisciplinary effort would also address concerns with single-system policy “solutions” that frustrate efforts in other systems. *See infra* Part III, for discussion on this transdisciplinary concept in public health. Consider, for example, efforts to add work requirements to Medicaid, arguing that such efforts enhance self-sufficiency and the health benefits of employment. Imposition of requirements has led to health coverage loss. *See* Jennifer Wagner & Jessica Schubel, *States’ Experiences Confirming Harmful Effects of Medicaid Work Requirements*, CTR. ON BUDGET & POL’Y PRIORITIES (Oct. 22, 2019), <https://www.cbpp.org/health/states-experiences-confirming-harmful-effects-of-medicaid-work-requirements>; Kim Krisberg, *Thousands Lose Coverage from Medicaid Work Requirements*, 49 NATION’S HEALTH 1, 1 (2019); *see also* Gresham v. Azar, 950 F.3d 93, 102–03 (D.C. Cir. 2020) (finding that the Secretary of Health and Human Services acted in an arbitrary and capricious manner by approving Arkansas’s Medicaid work requirements waiver without accounting for the loss of coverage for over 18,000 individuals in violation of Medicaid’s statutory directive).

Adapted from child trauma mitigation and prevention approaches, a community trauma frame grounds generalized policy ideas and data in real-world interconnected policy work. Recall the work developing trauma-informed approaches to child development: Due to increased understanding of the science of both brain development and the toxicity of accumulated stresses, there is an urgency behind developing early interventions to prevent the negative impact of such stresses.²⁹⁴ This work builds upon a shared understanding of the aforementioned science and a universal vision of how the whole benefits from commitments to healthier development of all children, especially those at most risk. Short, memorable analogies help clarify and unify—for example, viewing the science of development as “brain architecture”²⁹⁵ built upon a consistent, reciprocal “serve and return,”²⁹⁶ or of trauma reduction as building resilience against unavoidable setbacks.²⁹⁷ Caregiver well-being and its role in healthy child development is also emphasized, hence, initiatives to build a “2Gen” approach²⁹⁸ to break negative intergenerational

294. See discussion *supra* Section I.B.

295. See, e.g., *Brain Architecture*, HARV. UNIV. CTR. ON THE DEVELOPING CHILD, <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/> (last visited Nov. 8, 2020) (“Just as a weak foundation compromises the quality and strength of a house, adverse experiences early in life can impair brain architecture, with negative effects lasting into adulthood.”); FRAMEWORKS INST., TALKING EARLY CHILD DEVELOPMENT AND EXPLORING THE CONSEQUENCES OF FRAME CHOICES: A FRAMEWORKS MESSAGE MEMO 25 (2005) [hereinafter FRAMEWORKS MESSAGE MEMO] (“Use the Brain Architecture simplifying model to give people a vivid analogy of how development works: experiences affect the structure of the brain.”). This framing work even provided a “priming” paragraph to unite the “elevator” pitch conversation around issues of early child development:

If our society is to prosper in the future, we will need to make sure that all children have the opportunity to develop intellectually, socially and emotionally. But recent science demonstrates that many children’s futures are undermined when stress damages the early architecture of the brain. The stress may come from family tensions over a lost job or death in the family or even changes in caregivers. But the damage that is done from these critical experiences affects the foundation on which future growth must depend for either a strong or weak structure. Serious and prolonged stress—toxic stress—makes babies’ brains release a chemical that stunts cell growth. When communities make family mental health services available so that early interventions can take place, they put in place a preventable system that catches children before they fall. When communities invest in a stable workforce of trained early child providers, they also help to ensure that a child’s basic foundation will be durable. These early investments reap dividends as child development translates into economic development later on. A kid with a solid foundation becomes part of a solid community and contributes to our society.

Id. Note the emphasis on future contribution for the whole.

296. See *Serve and Return*, HARV. UNIV. CTR. ON THE DEVELOPING CHILD, <https://developingchild.harvard.edu/science/key-concepts/serve-and-return/> (last visited Nov. 8, 2020) (discussing the key nature of stable, responsive relationships between child and caregiver).

297. See *Resilience*, HARV. UNIV. CTR. ON THE DEVELOPING CHILD, <https://developingchild.harvard.edu/science/key-concepts/resilience/> (last visited Nov. 8, 2020).

Understanding why some children do well despite adverse early experiences is crucial, because it can inform more effective policies and programs that help more children reach their full potential . . . Resilience is evident when a child’s health and development tips toward positive outcomes—even when a heavy load of factors is stacked on the negative outcome side.

Id.; see also Howell et al., *supra* note 42, at 545.

298. See *What is 2Gen?*, THE ASPEN INST., <https://ascend.aspeninstitute.org/two-generation/what-is-2gen/> (last visited Nov. 8, 2020) (“Two-generation (2Gen) approaches build

cycles.²⁹⁹ Finally, larger support for targeted interventions are premised in the vision of promoting a “shared [future] prosperity.”³⁰⁰

Now, consider how this framing of science and intervention could apply at a collective level. Utilizing the evidence behind effective community development as a collective effort to build a public good,³⁰¹ where “good” includes advancing health and well-being,³⁰² we could develop a shared understanding of the science supportive of the value of strong communities and social capital, and the urgency for action. The urgency flows not simply from the national and city statistics but from the recognition that such inequitable divides—economic and by systems such as health, education, housing, justice, and employment—decrease collective security.³⁰³

The many barriers imposed by living in a poor neighborhood make it that much harder for residents to move up the economic ladder, and their chances of doing so only diminish the longer they live in such neighborhoods. Moreover, in regions where the poor are more segre-

family well-being by intentionally and simultaneously working with children and the adults in their lives together.”) It is a “whole-family” approach focused not simply on early childhood education and development but also on health and well-being, economic assets, and for adults, postsecondary education and employment opportunities and social capital. *Id.* Notably, this approach values accountability, active listening to families, and equity. For a specific example of its application, see *About 2Gen in Tennessee*, TENN. DEP’T OF HUM. SERVS. (July 9, 2019), <https://www.tn.gov/humanservices/building-a-thriving-tennessee-through-2gen/about-2gen-in-tennessee.html>.

299. See, e.g., Sara R. Jaffee et al., *Safe, Stable, Nurturing Relationships Break the Intergenerational Cycle of Abuse: A Prospective Nationally Representative Cohort of Children in the United Kingdom*, 53 J. ADOLESCENT HEALTH S4, S4–S10 (2013) (highlighting the value in supporting mothers with a history of childhood abuse to prevent future abuse of their children); Stapleton et al., *supra* note 67, at 80–87 (highlighting how linking mothers at risk of or experiencing ACEs to supportive services could lessen risk transmission); Terence P. Thornberry et al., *Breaking the Cycle of Maltreatment: The Role of Safe, Stable, and Nurturing Relationships*, 53 J. ADOLESCENT HEALTH S25, S25–S31 (2013) (evidencing intergenerational continuity of child maltreatment but highlighting how supportive, stable, nurturing relationships can break the cycle).

300. FRAMEWORKS MESSAGE MEMO, *supra* note 295, at 8, 22–25.

301. See, e.g., Jnanabrata Bhattacharyya, *Theorizing Community Development*, 34 J. CMTY. DEV. SOC’Y 5, 5–34 (2004) (developing a theory of community development as grounded in agency and solidarity, with goals of self-help, felt needs, and participation).

Community development is a positive response to the historic process of erosion of solidarity and agency. Its premise is that people have an inalienable right to agency and that solidarity is a necessity for a satisfying life. Community development is a part of the democracy project. At the core of democracy is the vision of solidarity (“fraternity”) and emancipation from authoritarianism or “unnecessary domination” . . . At the highest level, solidarity demands that we feel a concern for every person in the nation and the world as a whole (the solidarity of the species), extending solidarity to people we do not know. This is also the argument for the public good. More practically, it implies a willingness to engage in collective effort to create and sustain a caring society.

Id. at 14 (internal citations omitted). For an asset-based approach, see Alison Mathie & Gord Cunningham, *From Clients to Citizens: Asset-Based Community Development as a Strategy for Community-Driven Development*, 13 DEV. PRAC. 474, 474–86 (2003).

302. See AMANDA CASSIDY, HEALTH AFFS., HEALTH POLICY BRIEF: COMMUNITY DEVELOPMENT AND HEALTH 1–4 (2011).

303. See Christopher Ingraham, *How Rising Inequality Hurts Everyone, Even the Rich*, WASH. POST (Feb. 6, 2018, 4:00 AM), <https://www.washingtonpost.com/news/wonk/wp/2018/02/06/how-rising-inequality-hurts-everyone-even-the-rich/>.

gated into poor places, the dampening effect on mobility extends beyond distressed neighborhoods to lower economic mobility for the region as a whole.³⁰⁴

Moreover, conceiving community-level factors as the roots of our efforts, we see a foundational element in the “architecture” of healthy development, built upon stable, nurturing relationships within communities—a vital social capital.³⁰⁵ Studies suggest that social capital, defined as those “features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit,”³⁰⁶ is critical for health and longevity.³⁰⁷

Critically, these networks may “broaden the participants’ sense of self, developing the ‘I’ into the ‘we,’ or (in the language of rational-choice theorists) enhancing the participants’ ‘taste’ for collective benefits.”³⁰⁸ This transition from the individual good to the common good, this reciprocity of benefit (i.e., doing something for someone in your network who has done or may do something for you),³⁰⁹ and this solidarity in community³¹⁰ shows that the whole is impacted by its parts. Stated more positively, “greater equality makes societies stronger.”³¹¹ If we start

304. Kneebone & Holmes, *supra* note 6.

305. For more on the importance of social capital, see Robert D. Putnam, *Bowling Alone: America’s Declining Social Capital*, 6 J. DEMOCRACY 65, 66 (1995) [hereinafter *Declining Social Capital*].

Recently, American social scientists . . . have unearthed a wide range of empirical evidence that the quality of public life and the performance of social institutions are indeed powerfully influenced by norms and networks of civic engagement. Researchers in such fields as education, urban poverty, unemployment, the control of crime and drug abuse, and even health have discovered that successful outcomes are more likely in civically engaged communities. Similarly, research on the varying economic attainments of different ethnic groups in the United States has demonstrated the importance of social bonds within each group. These results are consistent with research in a wide range of settings that demonstrates the vital importance of social networks for job placement and many other economic outcomes.

Id. For the evolution of the theoretical concept, see *id.* at 66 n.4. See also ROBERT D. PUTNAM, *BOWLING ALONE: THE COLLAPSE AND REVIVAL OF AMERICAN COMMUNITY* (2000) [hereinafter *COLLAPSE AND REVIVAL*]; ROBERT D. PUTNAM & LEWIS M. FELDSTEIN, *BETTER TOGETHER: RESTORING THE AMERICAN COMMUNITY* (2003) [hereinafter *BETTER TOGETHER*]; Kawachi & Kennedy, *supra* note 91, at 1039; Jonathan Lomas, *Social Capital and Health: Implications for Public Health and Epidemiology*, 47 SOC. SCI. & MED. 1181, 1182 (1998) (discussing the value of community-focused interventions that increase social cohesion). While not without its critics, it has many adherents especially amongst policymakers given “increasing concern over marginalization in our societies.” BRIAN KEELEY, *A Bigger Picture*, in *HUMAN CAPITAL: HOW WHAT YOU KNOW SHAPES YOUR LIFE* 95, 105 (2007).

306. *Declining Social Capital*, *supra* note 305, at 67.

307. See, e.g., Ichiro Kawachi et al., *Social Capital, Income Inequality, and Mortality*, 87 AM. J. PUB. HEALTH 1491, 1495 (1997) (“[D]isinvestment in social capital appears to be one of the pathways through which growing income inequality exerts its effects on population-level mortality.”); Kawachi & Kennedy, *supra* note 91, at 1039.

308. *Declining Social Capital*, *supra* note 305, at 67.

309. See Robert D. Putnam, <http://robertdputnam.com/bowling-alone/social-capital-primer/> (last visited Nov. 8, 2020).

310. See Lomas, *supra* note 305, at 1186.

311. See RICHARD WILKINSON & KATE PICKETT, *THE SPIRIT LEVEL: WHY GREATER EQUALITY MAKES SOCIETIES STRONGER* (2009); see also Richard G. Wilkinson & Kate E. Pickett,

to build stronger communities (the architecture), if we break trauma-inducing intergenerational cycles of risk (the 2Gen approach), if we develop and implement effective policies (the structural interventions), all might allow for development of healthier, more economically viable (a shared prosperity), more just communities, as universally and individually experienced.

Social cohesion highlights the value in structural, in addition to individual and family, interventions.³¹² The use of this Article's proposed community trauma frame introduces a new way to conceive of these efforts: analytically, holistically, developmentally, and structurally. Yet, what of relationally? Is it possible that without the heart, the head cannot always initiate or sustain its work? Might the reason that communities like Memphis, Oakland, Minneapolis, Chicago, and Philadelphia seem stuck in cycles of persistent inequity result not from a lack of policies or plans (the head), but from a lack of collective will that supersedes partisan politics with something deeper and more universal (the heart)? This work is interpersonal, not purely policy. This work is relational, not purely rational.

III. THE HEART: A BREAKDOWN IN THE RATIONAL . . . A CALL FOR THE RELATIONAL

[G]etting policymakers to prioritize these policies will depend on the actions of advocates, voters and other supporters with a vision for a fair and inclusive society so strong that they overwhelm powerful forces that seek to maintain the status quo.³¹³

Research on healthy child development and trauma mitigation and prevention emphasizes the importance of relationships.³¹⁴ Science confirms what some may intuitively guess: bonds with caregivers and nurturing adults build resilience to overcome life's stressors;³¹⁵ enhancing the well-being of caregivers and adult mentors mitigates stress;³¹⁶ and building stable families in stable communities helps prevent toxic stress in the first place.³¹⁷ Building programs based on science is a rational response.

How does this translate to the community trauma vision? Focus is often placed on finding the ideal policy or set of policies or the best sys-

Income Inequality and Social Dysfunction, 35 ANN. REV. SOCIO. 493, 493 (2009) (“[W]e conclude that these relationships are likely to reflect a sensitivity of health and social problems to the scale of social stratification and status competition, underpinned by societal differences in material inequality.”).

312. See, e.g., Lomas, *supra* note 305, at 1183, 1187.

313. Powell, *supra* note 249.

314. See discussion *supra* Section I.B.

315. See discussion *supra* Section I.B.

316. See *supra* notes 42–47 and accompanying text.

317. See discussion *supra* Section I.C.

tem for policy reform, e.g., an evidence-based policy intervention,³¹⁸ with “success” measured by individual outcomes.³¹⁹ This narrowed focus risks championing efforts based on selectively chosen individual success stories, or denying a voice to the often neglected families or neighborhoods when simply counting numbers, without examining who is counted or not, and why. This, in turn, allows different outcomes to result from the process (subconscious or not) of “other-ing” individuals and neighborhoods such that they are not part of the community for whom we can or should act.

Thus, the trick is not only getting policymakers to craft positive policies based on the strongest evidence—or the loudest voices, with the deepest pockets—but also building the foundation on which to place such policies; a foundation that will embed, support, and sustain well-conceived and tested policies.³²⁰ This foundation is not the perfect meta-policy, although a cross-disciplinary, more ambitious “health in all policies” approach is necessary.³²¹ The foundation must shift us beyond the realm of mere statistics to actual people.

How do we motivate people within communities to believe what happens to the least among them is a collective assault on well-being for all among them and requires remedy at a collective level? How do we move from justice as abstraction to a contextual vision of rippling-out interpersonal experiences? How can we act on our reframed sense of structural inequity as community trauma to redress inequity? Here, the worlds of political philosophy, social justice, community development, and behavioral economics, analyzed within the community trauma framework, provide useful guidance. First, consider the “who” that lies at the heart of this work.

A. The “Who”

A powerful motivation to address child trauma arises from the sense that what happens to children, even not our biological own, matters for our shared prosperity.³²² Picture a classic advertisement seeking money for a cause: a child’s face appears. We see that child, we feel for that child, and we want to be part of that child’s success story. The child moves from the ideal to the real, the proximal, the one for whom we can

318. For more on reframing evidence-informed policymaking through a therapeutic prism, see generally Amy T. Campbell, *A Case Study for Applying Therapeutic Jurisprudence to Policymaking: Assembling a Policy Toolbox to Achieve a Trauma-Informed Early Care and Learning System*, 63 INT’L J.L. & PSYCHIATRY 45 (2019) [hereinafter *Assembling a Policy Toolbox*]; Amy T. Campbell, *Using Therapeutic Jurisprudence to Frame the Role of Emotion in Health Policymaking*, 5 PHX. L. REV. 675 (2012) [hereinafter *Using Therapeutic Jurisprudence*].

319. See discussion *supra* Section I.C.

320. Note the alignment between reference to a “foundation” with the “brain architecture” symbolism in child trauma work and the “roots” symbolism of the building community resilience model. See *supra* note 295 and accompanying text.

321. *What Hope for HiAP*, *supra* note 150, at 78.

322. See sources cited *supra* note 46.

do something. We believe our action makes a difference, and this difference benefits us, perhaps most immediately by triggering feelings of charity and for some, fulfilling religious obligations, but also by feeling we are helping future generations critical to our own support.

This may be more difficult with a community, but what is a community but a collection of faces that begin to take on a holistic meaning bigger than the sum of those faces? Getting us to see that whole, beyond individual acts of charity, is critical to build community capacity to create and sustain those structural interventions deemed critical to advance healthy community development.³²³ For individual children as in our compelling advertisement, next steps seem simple enough. More challenging, however, is developing a deeper sense of connectedness within a community that motivates action for all within that community—of building a sense of “us” rather than “other” to sustain meaningful community development. The trauma framework as a guide for community action needs a theory of change, a foundation of support, and a spark for collective motivation.

B. The Theory: A “Contextual Just Health”³²⁴ Approach

John Rawls famously crafted a theory of justice to guide rational actors to choose to benefit the least among us behind a “veil of ignorance.”³²⁵ Yet, how can we truly know the other in ignorance? Context matters. “[A]chieving justice is an inherently remedial task, constantly shifting in its specific requirements as social circumstances themselves change.”³²⁶

We seek a theory rooted in context, a context with different levels of need and access. Targeted universalism highlights the universal value

323. Drawing on experiences addressing child trauma, consider how “[h]aving a shared language helps create a collective understanding of trauma and effective ways to address its impact. It also is a powerful tool for developing common goals and strategies.” Bartlett et al., *supra* note 47.

324. The concept of a “just health” was developed by Norman Daniels as an expanded vision for bioethics to focus on matters of justice and access in health. See JUST HEALTH, *supra* note 27, at 1; *Social Determinants of Health Inequalities*, *supra* note 27, at 237–38, 244; *Justice, Health, and Healthcare*, *supra* note 27, at 2–3, 6, 13–14. However, this article embeds it more fully in a local community context. See generally MADISON POWERS & RUTH FADEN, SOCIAL JUSTICE: THE MORAL FOUNDATIONS OF PUBLIC HEALTH AND HEALTH POLICY (John Harris et al. eds., 2006).

325. JOHN RAWLS, A THEORY OF JUSTICE 11 (The Belknap Press of Harv. Univ. Press, rev. ed. 1999) (1971).

The principles of justice are chosen behind a veil of ignorance. This ensures that no one is advantaged or disadvantaged in the choice of principles by the outcome of natural chance or the contingency of social circumstances. Since all are similarly situated and no one is able to design principles to favor his particular condition, the principles of justice are the result of a fair agreement or bargain.

Id. Rawls also stated that “[f]or us the primary subject of justice is the basic structure of society, or more exactly, the way in which the major social institutions distribute fundamental rights and duties and determine the division of advantages from social cooperation.” *Id.* at 6.

326. POWERS & FADEN, *supra* note 324, at 5. The authors continue: “Justice, then, is not a matter of conforming society to an antecedently identifiable set of distributive principles, but rather it is a task requiring vigilance and attentiveness to changing impediments to the achievement of enduring dimensions of well-being that are essential guides to the aspirations of justice.” *Id.*

of justice but also contributes weighted odds to narrow disparities for those starting off with greater disadvantage.³²⁷ It recognizes that “universal approaches can sometimes deepen inequities—the political adage ‘a rising tide lifts all boats’ only applies when all are equipped with adequate boats to begin with.”³²⁸ Targeted universalism also builds on data that show outcomes within the same neighborhood can vary based on factors such as race, ethnicity, or gender.³²⁹ “[W]e should not think of neighborhood quality—or the policies that might improve it—as ‘one size fits all.’ It may be more impactful to design policies that target specific subgroups in ways that directly address the particular challenges they face.”³³⁰ Unlike narrowly targeted efforts, the targeted universalism approach emphasizes shared, universal goals—in our case, healthy community development—which we work toward using targeted approaches—here, by addressing trauma as differentially and disparately experienced.³³¹ Using the community trauma frame to motivate action thus sits within a theory of change based in the concept of justice as contextualized to reflect localized assets and needs, weighted to those with greater needs. Action holds universal benefit, but also recognizes that some need more assistance to more fairly enjoy the fruits of this collective endeavor.

C. The “How”: Building the Capacity and the Will

Building “will” is an important component of social innovation. *If an idea is to reach its potential scale, the majority of people must recognize how it affects their everyday lives. Cities play a role not only in sharing a vision for poverty reduction, but also in bringing the voices of their neighbors to the discussion. In this way, they can show in real time how people are benefiting and demonstrate how poverty reduction improves their lives and their community.*³³²

1. Building Capacity, Developing Communities

Using a contextualized, universal-while-targeted set of principles of justice to guide action, collective community action requires us to thus act.

327. JOHN A. POWELL ET AL., TARGETED UNIVERSALISM: POLICY & PRACTICE 7 (2019); see also CASSIDY ET AL., *supra* note 156, at 7 (“The power in the Baby Bonds concept is in its widespread political viability through its universality: it provides benefits to all Americans and fits into the growing imperative to address overall wealth inequality.”).

328. URSULA WRIGHT ET AL., GETTING TO YES: HOW TO GENERATE CONSENSUS FOR TARGETED UNIVERSALISM 3 (2018) (emphasis removed). The authors go on to highlight the disparate impact of a “universal” policy, the GI Bill (“as banks generally wouldn’t make loans for mortgages in black neighborhoods, it ultimately exacerbated inequality by exclusively offering mortgage assistance to a specific group of Americans”). *Id.*

329. See, e.g., THE OPPORTUNITY ATLAS, *supra* note 85, at 1.

330. *Id.* at 2.

331. See WRIGHT ET AL., *supra* note 328, at 3.

332. VASEY, *supra* note 203, at 34 (emphasis added).

Community is defined by two characteristics: (1) A community entails a web of affect-laden relations among a group of individuals, relations that often crisscross and reinforce one another (rather than merely one-on-one relations or chains of individual relations); and, (2) community requires a commitment to a set of shared values, norms, and meanings, and a shared history and identity—in short, a shared culture.³³³

Literature on effective practices to engage communities exists,³³⁴ as does literature on approaches to effectively build community capacity to serve as agents of positive community change.³³⁵ Key features include building a sense of community itself,³³⁶ a task facilitated by creating a sense of shared purpose and belonging³³⁷ and emphasizing sharing benefits and burdens.³³⁸

“Poverty is not just a matter of income; it is also a matter of power.”³³⁹ Thus, increasing community participation is critical; such participation includes empowering local communities to develop strategies to voice and address their needs coupled with ensuing mobilization and community-building of “voiced” communities “among the most powerful factors that affect final societal outcomes.”³⁴⁰ Because disruption of

333. Amitai Etzioni, *The Responsive Community: A Communitarian Perspective*, 61 AM. SOCIO. REV. 1, 5 (1996) [hereinafter *Responsive Community*].

334. See, e.g., Mathie & Cunningham, *supra* note 301, at 474–86.

335. See, e.g., Betty Hounslow, *Community Capacity Building Explained*, STRONGER FAMS. LEARNING EXCH., <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.460.8727&rep=rep1&type=pdf> (last visited Nov. 8, 2020); Becca Dove & Tim Fisher, *Becoming Unstuck with Relational Activism*, STAN. SOC. INNOVATION REV. (Oct. 10, 2019), https://ssir.org/articles/entry/becoming_unstuck_with_relational_activism.

336. See, e.g., David M. Chavis & Abraham Wandersman, *Sense of Community in the Urban Environment: A Catalyst for Participation and Community Development*, 18 AM. J. CMTY. PSYCH. 55, 73–74 (1990).

When people share a strong sense of community they are motivated and empowered to change problems they face, and are better able to mediate the negative effects of things over which they have no control. A sense of community is the glue that can hold together a community development effort.

Id.

337. See, e.g., Robert F. Allen & Judd Allen, *A Sense of Community, a Shared Vision and a Positive Culture: Core Enabling Factors in Successful Culture Based Health Promotion*, 1 AM. J. HEALTH PROMOTION 40, 41–42, 44 (1987) (discussing how to build shared vision in organizational context). This work benefits when asset based. *Id.* For the role of intergroup dialogue to facilitate connection, see Biren (Ratnesh) A. Nagda, *Breaking Barriers, Crossing Borders, Building Bridges: Communication Processes in Intergroup Dialogues*, 62 J. SOC. ISSUES 553, 553–76 (2006).

338. See Allen & Allen, *supra* note 337, at 41–42.

339. EDWARD ROYCE, *POVERTY AND POWER: THE PROBLEM OF STRUCTURAL INEQUALITY* 249 (2d ed. 2015).

340. *Responsive Community*, *supra* note 333, at 4. Building on this, Etzioni adds a third element to the definition of community: responsiveness. *Id.* at 5. He continues that authentic communities are able to balance the push/pull cycle of individual autonomy and the common good (a need for order). For more on communitarianism, see AMITAI ETZIONI, *Communitarianism*, in THE ENCYCLOPEDIA OF POL. THOUGHT (Michael T. Gibbons ed., 2015) [hereinafter *Communitarianism*].

Communitarianism is a social philosophy that, in contrast to theories that emphasize the centrality of the individual, emphasizes the importance of society in articulating the good Communitarians examine the ways shared conceptions of the good are formed,

existing power structures is likely to follow from increased community participation, community-building of this nature must address the potential resulting social conflict.³⁴¹

To ensure success, these community-building efforts require—as with the motivation for action in child development—recognizing the possibility for shared prosperity; that is, even if disruptive of existing power structures, community capacity-building need not be divisive. In fact, science supports the notion that “there is more that unites us than divides us and that society is basically good.”³⁴² We must also consider research behind effective “peace-building” processes and strategies.³⁴³ Capacity-building work will necessarily involve acknowledging past and current trauma in order to envision and work toward a “common future”³⁴⁴ engendering a process of reconciliation³⁴⁵ and restorative justice.³⁴⁶ In summary, the community itself is naturally “good” (e.g., just, healthy, united), with reconciliation a means to restore that “good” state.

transmitted, justified, and enforced. Hence, their interest in communities (and moral dialogues within them), the historical transmission of values and mores, and the societal units that transmit and enforce values

Id.; but cf. Allen E. Buchanan, *Assessing the Communitarian Critique of Liberalism*, 99 ETHICS 852, 852–82 (1989) (emphasizing the importance of liberalism’s championing of individual rights); Amy Gutmann, *Communitarian Critics of Liberalism*, 14 PHIL. & PUB. AFFS. 308, 308–22 (1985), reprinted in DEBATES IN CONTEMP. POL. PHIL.: AN ANTHOLOGY 182–94 (Derek Matravers & Jon Pike eds., 2003) (highlighting shortcomings in a communitarian critique of liberalism, while also highlighting the beneficial aspects of the philosophy on political participation).

341. See Chavis & Wandersman, *supra* note 336, at 77. This is not exclusively structural in nature. See G. A. Cohen, *Where the Action Is: On the Site of Distributive Justice*, 26 PHIL. & PUB. AFFS. 3, 3–30 (1997), reprinted in DEBATES IN CONTEMP. POL. PHIL.: AN ANTHOLOGY 104 (Derek Matravers & Jon Pike eds., 2003).

John Stuart Mill taught us to recognize that informal social pressure can restrict liberty as much as formal coercive law does One reason why the rules of the basic structure, when it is coercively defined, do not by themselves determine the justice of the distributive upshot is that, by virtue of circumstances that are relevantly independent of coercive rules, some people have much more power than others to determine what happens *within* those rules.

Id.

342. Julia M. Klein, *Good By Design*, PENN. GAZETTE (Apr. 19, 2019), <https://thepenngazette.com/good-by-design/> (quoting Dr. Nicholas A. Christakis). Christakis continues, “[i]f it were not healthy for us to live in a social state, evolution would not have sustained it.” *Id.* “I’m interested in how natural selection has shaped not just the structure and function of our bodies, not just the structure and function of our minds, but the structure and function of our societies.” *Id.* For more information, see generally NICHOLAS A. CHRISTAKIS, BLUEPRINT: THE EVOLUTIONARY ORIGINS OF A GOOD SOCIETY (2019).

343. See, e.g., Daniel Bar-Tal et al., *Collective Emotions in Conflict Situations: Societal Implications*, 63 J. SOC. ISSUES 441, 441–60 (2007) (discussing research on the role of collective emotions in conflict resolution and how to construct “cultures of peace”).

344. *Id.* at 456.

345. For more on reconciliation in peace-building work, see generally JOHN PAUL LEDERACH, BUILDING PEACE: SUSTAINABLE RECONCILIATION IN DIVIDED SOCIETIES (1997).

346. For more on restorative justice, see DANIEL W. VAN NESS & KAREN HEETDERKS STRONG, RESTORING JUSTICE: AN INTRODUCTION TO RESTORATIVE JUSTICE (4th ed. 2010); GERRY JOHNSTONE, RESTORATIVE JUSTICE: IDEAS, VALUES, DEBATES (2d ed. 2011). This Article’s application applies principles of restorative justice to efforts to move from community trauma to community well-being-in-equity.

Models of deliberative democracy, which emphasize more participatory engagement and transparency in decision-making, hold potential to guide multi-stakeholder, iterative discussions.³⁴⁷ These discussions, in turn, help move society from the “what is” to “what can be,” i.e., common purpose for a common good of a community, as grounded in expressed, thoughtful reasons by stakeholders.³⁴⁸ As with the theory of justice,³⁴⁹ principles guiding deliberative discussion and decision-making must be contextualized and account for different starting points, different power structures that fuel different claims on limited resources, and different types of expertise and visions of “the good.”³⁵⁰ These principles, as contextualized, focus policymakers’ attention on engaging more stakeholders in the process of governing and prioritizing, including those most impacted by these policies.³⁵¹ The key lies in moving from building the capacity of communities to respond to building a sense of community that collectively feels responsibility to respond. We need a will to act: the spark to this engaged action.

2. Building a Sense of “Community”: “Nudging” Empathy

Many tools exist to motivate behavioral changes: providing information,³⁵² using the law,³⁵³ and relying on religious belief.³⁵⁴ However,

347. See AMY GUTMANN & DENNIS THOMPSON, *WHY DELIBERATIVE DEMOCRACY?* 3 (2004).

348. See *id.* (explaining the meaning and uses of deliberative democracy, with its “first and most important characteristic,” “its *reason-giving* requirement”); JOHN S. DRYZEK, *DELIBERATIVE DEMOCRACY AND BEYOND: LIBERALS, CRITICS, CONTESTATIONS* 169–70 (2002); James S. Fishkin & Jane Mansbridge, *The Prospects & Limits of Deliberative Democracy*, DAEDALUS, J. OF THE AM. ACAD. OF ARTS & SCI. (Summer 2017); see also WRIGHT ET AL., *supra* note 328, at 6 (“This frank, inclusive dialogue was foundational in reaching a shared understanding of community context and the distinctions between approaches.”).

349. See RAWLS, *supra* note 325, at 1, 11–17.

350. For more on contextualized concerns with deliberative democracy, see Iris Marion Young, *Activist Challenges to Deliberative Democracy*, 29 POL. THEORY 670, 670 (2001) (“I aim . . . to bring out some of the limitations of at least some understandings of deliberatively democratic norms, especially if they are understood as guiding practices in existing democracies where structural inequalities underlie significant injustices or social harms.”); Chantal Mouffe, *Deliberative Democracy or Agonistic Pluralism*, 66 PROSPECTS DEMOCRACY 745, 745–58 (1999).

351. See, e.g., Elizabeth L. Daugherty et al., *Scarce Resource Allocation During Disasters: A Mixed-Method Community Engagement Study*, 153 CHEST 187, 189, 191–93 (2018) (describing an exercise involving public participation in determining priority for allocation of scarce ventilators during influenza pandemic).

352. See, e.g., NAT’L RSCH COUNCIL, *CRITICAL PERSPECTIVES ON RACIAL AND ETHNIC DIFFERENCES IN HEALTH IN LATE LIFE* 17 (Norman B. Anderson et al. eds., 2004) [hereinafter *CRITICAL PERSPECTIVES*]; David M. Cutler, *Behavioral Health Interventions: What Works and Why?*, in *CRITICAL PERSPECTIVES* 643 (discussing greater success with national, versus individual or community, informational interventions); Paul C. Stern, *Information, Incentives, and Proenvironmental Consumer Behavior*, 22 J. CONSUMER POL’Y 461, 467 (1999) (describing what makes informational interventions more effective, e.g., “information can be effective if it is presented when and where the target behavior will occur and is easily validated by the target audience”).

353. See INST. OF MED., *FOR THE PUBLIC’S HEALTH: REVITALIZING LAW AND POLICY TO MEET NEW CHALLENGES* 57–61 (2011); NAT’L ACAD. OF SCI., *PROMOTING HEALTH: INTERVENTION STRATEGIES FROM SOCIAL AND BEHAVIORAL RESEARCH* 5–6 (Brian D. Smedley & S. Leonard Syme eds., 2000) [hereinafter *INTERVENTION STRATEGIES*]; see also Lawrence O. Gostin, *Legal and Public Policy Interventions to Advance the Population’s Health*, in *INTERVENTION*

studies show information alone may not be enough.³⁵⁵ Further, legal change takes time, lacks the ability to quickly adapt to changing contexts and understandings, sets a floor rather than aspiration, and may even motivate by fear or coercion rather than sustainable commitment or choice.³⁵⁶ Religious beliefs narrowly capture only specific audiences and may isolate or divide rather than unite.³⁵⁷ This is not to say these tools lack usefulness. Ideally, we could draw from other approaches that carry less fear, less coercion, and less dogma. Behavioral economics represents an increasingly common approach that should be considered.³⁵⁸

STRATEGIES 390 (discussing issues with reliance on law and offering suggestions for more effective application).

354. Jane Pfeiffer et al., *The Role of Religious Behavior in Health Self-Management: A Community-Based Participatory Research Study*, 9 RELIGIONS 357, 367 (2018).

The impact of a faith community on an individual's life, in relation to healthy eating habits, as seen in this study, is an alert to faith community leaders and coordinators that they have a role to play in this aspect of the lives of their constituents. If social gathering, beliefs, religiosity, and the creation of meaning in people's lives makes a difference, it would behoove faith communities to take the health of the congregants and their community seriously.

Id.; see also Jeff Levin, *Engaging the Faith Community for Public Health Advocacy: An Agenda for the Surgeon General*, 52 J. RELIGION & HEALTH 368, 368 (2013) (discussing role for faith community in advancing public health).

355. See, e.g., Michael P. Kelly & Mary Barker, *Why Is Changing Health-Related Behaviour So Difficult?*, 136 PUB. HEALTH 109, 111 (2016) ("This fundamental belief about the role of information and knowledge in determining behaviour is wrong and unscientific. Giving people information does not make them change."); J.S. Blumenthal-Barby et al., *Why Information Alone Is Not Enough: Behavioral Economics and the Future of Genomic Medicine*, 161 ANNALS INTERNAL MED. 605, 605 (2014) (explaining insufficiency of "neutral" approach by genetic counselors to relay risk information). Information might also be skewed by factors such as peer effects. See, e.g., Shlomo Benartzi & Richard H. Thaler, *Heuristics and Biases in Retirement Savings Behavior*, 21 J. ECON. PERSPS. 81, 94 (2007).

356. See, e.g., Kenworthy Bilz & Janice Nadler, *Law, Moral Attitudes, and Behavioral Change*, in THE OXFORD HANDBOOK OF BEHAVIORAL ECONOMICS AND THE LAW 1 (Eyal Zamir & Doron Teichman eds., 2014) (discussing potential negative impact of using law when such use reinforces an instrumental, versus internalized, approach to behavior change); Ashley Sanders-Jackson et al., *The Pattern of Indoor Smoking Restriction Law Transitions, 1970–2009: Laws Are Sticky*, 103 AM. J. PUB. HEALTH e44, e44 (Aug. 2013) (cautioning against passing half-measures to amend later); Philip J. Candilis, *Distinguishing Law and Ethics: A Challenge for the Modern Practitioner*, PSYCHIATRIC TIMES (Dec. 1, 2002), <https://www.psychiatrictimes.com/view/distinguishing-law-and-ethics-challenge-modern-practitioner>; Clifton B. Parker, *Laws May Be Ineffective If They Don't Reflect Social Norms, Stanford Scholar Says*, STAN. REP. (Nov. 24, 2014), <https://news.stanford.edu/news/2014/november/social-norms-jackson-112414.html> ("While laws that conflict with norms are likely to go unenforced, laws that influence behavior can change norms over time, he said. The gradual banning of smoking in public places in the United States is an example—diners now expect a smoke-free experience.").

357. See, e.g., ROBERT D. PUTNAM & DAVID E. CAMPBELL, AMERICAN GRACE: HOW RELIGION DIVIDES AND UNITES US (2010); Anthea Butler, *Faith Could Bring Us Together. But Too Often It Divides Us*, CNN (Nov. 24, 2019, 9:04 AM), <https://www.cnn.com/2019/11/24/opinions/religion-race-politics-division-butler/index.html>.

358. See, e.g., RICHARD H. THALER & CASS R. SUNSTEIN, NUDGE: IMPROVING DECISIONS ABOUT HEALTH, WEALTH, AND HAPPINESS (2008); RICHARD H. THALER, MISBEHAVING: THE MAKING OF BEHAVIORAL ECONOMICS (2015); DANIEL KAHNEMAN, THINKING, FAST AND SLOW (2011); DAN ARIELY, PREDICTABLY IRRATIONAL: THE HIDDEN FORCES THAT SHAPE OUR DECISIONS (2008). Of course, "nudging" behavior has its critics. See, e.g., Daniel M. Hausman & Brynn Welch, *Debate: To Nudge or Not to Nudge*, 18 J. POL. PHIL. 123, 123–24 (2010).

Combining studies in economics with psychology, tools exist to nudge action, such as motivating youth to quit smoking,³⁵⁹ adults to exercise,³⁶⁰ or employees to save for retirement.³⁶¹ What if we could nudge a sense of empathy to create communities engaged and empowered to act? Might this be a critical means to work toward structural reform (i.e., rational policy change) for healthy community development? Some studies seek to nudge altruistic behavior.³⁶² Ideally, future empirical research should investigate if and how to nudge not only action but motivation behind action. Further, this research should determine whether these nudges change society's sense of collective identity and responsibility in enduring ways, across generations, like with trauma-informed approaches to build healthy, stable relationships in children that result in intergenerational change.³⁶³ In sum:

Compassionate, humane relationships help achieve positive change in the worlds we can touch. That change propels wider social change when the aggregate of individual actions is collectively added together and felt. Relational activism offers hope and action, a way of un-sticking ourselves and a way for a large number of people to help regenerate the civil society we desperately need to tackle the biggest social issues of our time.³⁶⁴

IV. IMPLICATIONS AND NEXT STEPS

A. Implications

The policymaking and community-building work envisioned in this Article is not simple, short-term, or easily measured or achieved. It is complex, long-term, and requires numerous metrics for success which

359. See, e.g., Scott D. Halpern et al., *Randomized Trial of Four Financial-Incentive Programs for Smoking Cessation*, 372 NEW ENG. J. MED. 2108, 2109, 2115–16 (2015); Cass R. Sunstein, *Nudging Smokers*, 372 NEW ENG. J. MED. 2150, 2150–51 (2015) (discussing the Halpern et al. study).

360. See, e.g., V. I. Kraak et al., *A Novel Marketing Mix and Choice Architecture Framework to Nudge Restaurant Customers Toward Healthy Food Environments to Reduce Obesity in the United States*, 18 OBESITY REVS. 852, 852 (2017); Paul Rozin et al., *Nudge to Nobesity I: Minor Changes in Accessibility Decrease Food Intake*, 6 JUDGMENT & DECISION MAKING 323, 330 (2011). For consideration of how personal autonomy is influenced by structural barriers, however, see Jessica L. Roberts & Leah R. Fowler, *How Assuming Autonomy May Undermine Wellness Programs*, 27 HEALTH MATRIX 101, 113, 116–21 (2017).

361. See, e.g., RAJ CHETTY ET AL., CTR. FOR RET. RSCH. AT BOS. COLL., SUBSIDIES VS. NUDGES: WHICH POLICIES INCREASE SAVING THE MOST? 1 (2013), http://www.rajchetty.com/chettyfiles/crowdout_CfRR_article.pdf (arguing the benefits of a passive savings approach (nudge) to active (subsidy)).

362. See, e.g., Valerio Capraro et al., *Increasing Altruistic and Cooperative Behaviour with Simple Moral Nudges*, SCI. REPS. (Aug. 15, 2019), <https://www.nature.com/articles/s41598-019-48094-4> (illustrating positive effects of economic games on prosocial behaviors); Natalia V. Czap et al., *Walk in My Shoes: Nudging for Empathy Conservation*, 118 ECOLOGICAL ECON. 147, 147 (2015) (empathy nudging, added to financial nudging, significantly increased conservation efforts compared with either approach alone).

363. The study by Capraro et al. evidenced some enduring effect of moral nudges in later choices and in different social contexts. See Capraro et al., *supra* note 362.

364. Dove & Fisher, *supra* note 335.

must be negotiated by diverse community stakeholders; for these changes are ones that will likely never be fully realized but continually sought. It is work that is bound to be politically charged, disruptive (especially to those currently holding power and influence), and requiring a good dose of humility among so-called experts. However, by framing structural inequity as community trauma as developed in this Article, the intent is to enhance our ability to recognize how today's inequitable outcomes impact collective well-being in order to spur community-connected action advancing a "contextual just health."³⁶⁵

B. Next Steps

1. Research Needs

Trauma-informed structural equity work would benefit from hypothesis testing of the value of the community trauma frame in the real world. First, starting with the head and the uniting the neural networks (siloed system policies), it is important to not only enumerate different policies that could—or even do—work to address systemic barriers to community-level trauma, but rather to test how these policies work and, most importantly, how to connect system-specific policy actions for a more holistic approach to inequity reduction. Research demonstrates how a wraparound, whole-system, two-generation approach advances healthy childhood development,³⁶⁶ thus, we should ensure our policies work holistically and across generations to support healthy community development. Consider, for example, the concern of unemployment rates among ex-prisoners, often Black men.³⁶⁷ This is not simply an economic issue; it impacts health and well-being—such as related to health insurance access through employment.³⁶⁸

Testing the community trauma framework also requires going to the heart: looking more deeply into the community; leaving the bird's eye view and theoretical modeling; and developing the foundation in which to embed responsive, frontline-informed policies. Testing would then move to study how to nudge communities to develop a desire to engage collectively—the spark to work together to build the collective capacity for policy action toward shared vision, commitment, metrics, and goals.³⁶⁹ Research would only then go to actual policy work that creates equity-promoting systems that advance healthy communities.³⁷⁰

365. See JUST HEALTH, *supra* note 27, at 12.

366. See *supra* note 41 and accompanying text.

367. See, e.g., Bruce Western & Becky Pettit, *Black-White Wage Inequality, Employment Rates, and Incarceration*, 111 AM. J. SOCIO. 553, 553, 555 (2005).

368. *Id.* (explaining that Black men suffer from a high rate of joblessness).

369. See, e.g., ELSA FALKENBURGER ET AL., URB. INST., TRAUMA-INFORMED COMMUNITY BUILDING AND ENGAGEMENT 4 (2018).

370. Notably, in doing so, another outcome should be more stable contexts in which to prevent child trauma, bringing us back to the roots of this work.

2. Real-World Application

Recall the adage, “think globally, act locally.”³⁷¹ Given their localized nature, cities serve as an ideal forum in which to flesh out this trauma-informed, contextual just health work, grounded in a relational, engaged community. Confronting data highlighting sources of trauma with local assets and policy ideas and actions, community-based and community-participatory efforts in cities could help isolate those factors critical for holistic, health- and justice-enhancing community development. First, communities should catalog the numerous assets and existing policies, policy approaches, and other opportunities that can be built upon.³⁷² Reflecting on a trauma-informed, developmental approach, next comes iteratively convening diverse cross-sections of stakeholders—including those with lived experience of economic inequity—to further identify assets, build and map social networks, and ground structural reform efforts.³⁷³ Community development organizations and other trusted community-level entities (e.g., the faith community) could continue to build neighborhood capacity, which would lead to community capacity.³⁷⁴

Critical to the success of these efforts is identifying natural leaders to unite stakeholders around a “common table”³⁷⁵ for deliberative dialogue working toward an understanding of shared data for a shared purpose and universal outcome. These efforts are not blind to difference; nor do they suggest all difference is bad (pragmatically, legally, philosophically, or morally). Yet, without a means to understand each other and move from “them” to “us,” efforts will likely remain mired in silos and disparity. Targeted investments from this work should build toward the universal goal of a healthy, prosperous community. Communities must also commit to active listening and transparent sharing in order to build trust for a true sense of the city as a collective community.

371. Katie Dunlap, *Think Globally, Act Locally: How Communities Influence Worldwide CSR*, YOURCAUSE (Aug. 21, 2018), <https://solutions.yourcause.com/think-globally-act-locally/>.

372. This Article includes several policy examples. See *What Hope for HiAP*, *supra* note 150, at 71–74; *Assembling a Policy Toolbox*, *supra* note 318, at 45–46, 53; see also discussion *supra* Sections II.C–D.

373. As an example, in Memphis, the Urban Child Institute has convened supported institutional partners and organizations to share the work each is doing within their own areas of expertise as a way to also build a united policy platform to advance early childhood well-being. For more information on the Urban Child Institute, see *About UCI*, URB. CHILD INST., <http://www.urbanchildinstitute.org/about-us> (last visited Nov. 8, 2020).

374. See, e.g., Robert J. Chaskin, *Building Community Capacity: A Definitional Framework and Case Studies from a Comprehensive Community Initiative*, 36 URB AFFS. REV. 291, 291–93, 295–97, 299–304 (2001); Joanna Wooster et al., *Opening up Their Doors: Perspectives on the Involvement of the African American Faith Community in HIV Prevention in Four Communities*, 12 HEALTH PROMOTION PRAC. 769, 769–78 (2011).

375. The Common Table Health Alliance (CTHA) is a Memphis nonprofit organization, on which Board I have served. Reference to a “common table,” however, does not intend to imply that an entity such as CTHA must exist and be the organizational leader in this effort; the metaphor of a “common table” simply seemed apt for this description. For more information, please visit COMMON TABLE HEALTH ALL., <https://www.commontablehealth.org/> (last visited Nov. 8, 2020).

The universal goal of an equitable, united community starts local. First, we identify issues emanating from community dialogues to amend existing policies and add new ones, and then align policies for the big aims. Success for each city will flow from new structures and new policymaking approaches, embedded in a safe, stable, and healthy community, where success itself has been redefined with an inclusive vision, theory, and process for change.

CONCLUSION

This Article views structural inequity in a community context and seeks to reframe it as a community trauma requiring collective response, something for which communities are—or can be made—capable. As with a shared prosperity approach to child development that holistically addresses trauma, here we envision a shared prosperity approach to community development that holistically addresses the trauma of structural inequity. Calls to create trauma-informed practices, programs, and systems to advance healthy child development translate to calls to create trauma-informed structural interventions to advance healthy communities.³⁷⁶ And, contextual awareness that requires change-makers to address the SDOH that correlate with child and family trauma translate to contextual awareness that requires change-makers to address root causes of negative SDOH that correlate with, or even aggravate, community trauma.³⁷⁷

Thus, viewed through the community trauma prism, the trauma we seek to prevent is the structural inequity that reduces opportunity and divides “us” from “them.” It does so by first building a sense of “community,” an “us” greater than the sum of “them,” family-by-family and block-by-block. This is the relational work necessary for rational system change. It then builds the capacity of communities to create and adapt systems in which healthy communities may develop. Holistic structural reform of inequitable policies, and more inclusive approaches to structure-making, best address the community trauma experienced from intergenerational poverty and discrimination. Developing communities by building on a strong foundation of a shared vision and a transparent, iterative policymaking process may benefit the whole community in enduring ways. Plans put into policy action then assume the heart so critical to achieve the potential of collective engagement. In substance and in pro-

376. See SAMHSA’S TRAUMA & JUST. STRATEGIC INITIATIVE, SAMHSA’S CONCEPT OF TRAUMA AND GUIDANCE FOR A TRAUMA-INFORMED APPROACH 2 (2014), https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf; see also Ellis & Dietz, *supra* note 50, at S86–87.

377. See PATHWAYS TO HEALTH EQUITY, *supra* note 99, at 99–102.

cess, communities are now prepared to do the complex work required to remedy structural inequity—the trauma we can overcome together.³⁷⁸

378. “*We Shall Overcome*” – *Martin Luther King, Jr.*, YOUTUBE (Jan. 28, 2008), <https://www.youtube.com/watch?v=130J-FdZDtY>.